

The New York Medical Times

VOL. XV.

NEW YORK, JUNE, 1887.

No. 3.

ORIGINAL ARTICLES.

RETROSPECTIVE THERAPEUTICS.

BY ALFRED K. HILLS.

Crotalus Horridus.—The effects of the crotalus (rattlesnake) virus in large doses are rapid and destructive in the extreme; within a few minutes the skin has become mortified; within a few hours the tissues to a considerable depth have become almost fluid with decomposition and soaked with liquid blood; the latter is so profoundly changed in character that even before death it has lost its power of coagulation; immediately after death the blood is found perfectly diffluent throughout the body.

According to Dr. Alfred Drysdale (*London Med. Press*, Dec. 8; *N. Y. Med. Abstract*, Dec., 1886), the following results have been observed after the administration of the drug to healthy human beings. In order to exclude the action of the imagination, the person in some instances was not informed of the drug taken, and only those symptoms are mentioned which occurred in a number of independent experiments.

Severe functional derangements without pathological lesions were produced by doses of 1-16 to 1-2 of a drop, among such symptoms may be mentioned vertigo, fainting, oppression of respiration, nausea, bleeding from the mucous membrane of the eyes, nose and mouth, hematuria, dysentery, rigor, &c. Milder symptoms, such as dryness of the fauces, irritation of the larynx, tremulousness, sensibility and flushing of the skin, frequent micturition and dysuria, are produced by doses of 1-100 of a drop and even in susceptible persons of 1-10,000. Doses too small to affect the general organism gave rise to symptoms of an ordinary catarrh, viz., sneezing, running at the nose, pain and pressure over the eyes; short, irritable cough with dryness and tickling over fauces; redness, dryness, and slight soreness of throat. The only symptom observed after small doses to be attributed to the *gastric or intestinal region* was the liberation of large quantities of tasteless eructations. The *catamenia* were advanced in date and increased in quantity in several cases. The changes produced in the quality of the *blood* have

been already described. The subsequent fluidity, dark color, and other changes leading to extravasation which it undergoes, must be regarded as the effect of the loss of vitality, and not as the cause. A similar condition is present in cases of marasmus, purpura, malignant fever, &c. Crotalus has a special action on the *nervous system*, as is shown by the headaches, somnolence, lethargy, and prostration produced by small quantities. The sight, hearing and taste are all affected owing to its sedative action on central perception, and not to any action on the special senses. The effect upon the mind is said to be in some respects the reverse of that of alcohol, being to produce placid contentment in contradistinction to noisy excitement. The main application of this remedy is in the pernicious fevers, where the whole mass of the blood is vitiated. A condition is well known in cases of almost all the fevers, and in pneumonia, where the patient is so reduced in strength that he can only lie on his back, usually with eyes open; the hands are seen to be tremulous and in incessant motion—what is called carphology and subsultus tendinum being present—the tongue is dark-brown, especially in the center, and conveys to the sensation a roughness like that of a brick; the pulse is extremely rapid (140, 150, or more) and irregular; muttering delirium may be present, but the patient is evidently too weak to utter loud sounds. This condition, known as “the typhoid state,” whether supervening upon a continued fever, pneumonia, or mere senile asthenia, is well and successfully treated by drop doses of a solution of crotalus, 1 in 100, repeated every two hours. Most medical men have met with such a condition of body, usually at the end of an organic complaint of long standing, such as Bright’s disease, phthisis, mitral disease of the heart, &c., even in young people, but sometimes merely from age added to want or deficiency of essential ingredients of the food. The patient at once strikes spectators as having a wretched aspect—the face is waxy and transparent, chlorotic in hue, restless in expression, the eyes bleared and sunken, the lips white and covered with sticky exudation; slight injuries, pressure of clothes, &c., are apt to produce ecchymoses; purpuric rashes, indolent suppurations, or even gangrene, are common. Extravasated blood is liable to make its appear-

ance in almost any tissue, organ, or secretion of the body. Such a condition, whether following upon organic disease or due only to insufficiency or improper quality of the food (scurvy), is well treated by drop doses of crotalus solution (1 in 100); the blood is gradually brought to a healthy condition, where this is possible, and in other cases amelioration and prolongation of life may be confidently looked for. The form of Bright's disease which is a sequela of scarlet fever and other exanthemata is often benefited by crotalus. A certain form of headache—not severe in degree, and not increased by shaking or sudden movement of the head—usually present in persons of languid constitution and sedentary habits, and often accompanied with relaxed sore throat, has received much benefit from the drug where it has been impossible to remove the cause, *i. e.*, a relaxed condition of the system. It will be seen that crotalus is one of those substances which, though producing extremely violent effects in large quantities, has little effect in comparatively small doses, and apparently has little preference for individual organs; in this it resembles prussic acid, and is unlike most other violently acting poisons, such as arsenic, which has a distinct elective affinity for the skin and stomach, or phosphorus, which selects the lungs and nervous tissues. Its sphere of usefulness must be looked for, therefore, among the graver maladies, where the whole blood mass is affected, rather than in slighter and more localized ailments.

Ozone.—Ozone, in common with some other of our most potent remedies, is remarkable for the paucity of symptoms which it seems capable of producing upon the healthy.

According to Dr. A. Korndoerfer (*Hann. M'thly*, Dec., 1886) one of the first symptoms observed during the inhalation of this agent, is a tingling sensation in the nose, soon extending to the posterior nares and pharynx. The eyes also are similarly affected, accompanied, however, by a sense of burning and dryness.

If the inhalations are continued, this irritation extends to the larynx, trachea and bronchi, inducing cough, which at first is dry, but soon becomes moist and is accompanied by an expectoration of a somewhat viscid mucus.

Such symptoms continue for hours or even days after removal from an atmosphere overcharged with ozone.

In some cases, especially those in which ozone acts curatively, a comfortable sense of drowsy ease, though unaccompanied by actual sleepiness, occurs after a few inspirations of air charged with ozone.

In a few instances there has been observed, immediately following the first few inhalations, an uncomfortable sense of goneness or weakness, which continued for several minutes. Within less than an hour, sometimes within a few minutes, this was followed by a feeling of increased strength which continued for one or more days.

In an occasional case, it appears to promote the peristaltic action of the bowels, affording a degree of relief in cases suffering from constipation.

As might be expected from its action in smaller quantities, it has proved useful in removing the tendency to frequent and easily excited *congestion* of the mucous surfaces of the respiratory tract.

In anaemic and chlorotic states, ozone acts markedly. During the treatment of this class of cases a property has been exhibited by ozone, which, while not curative in the ordinary sense of the term, yet made possible the accomplishment of a cure where otherwise failure seemed assured. The property referred to is that of positively increasing the duration and intensity of the reactive force of the patient; or in other words increasing the curative effect of the drug.

Another important result frequently observed as following upon the use of ozone is the re-establishment of regularity of the menses.

In lung diseases some favorable results have been obtained; much care, however, must be exercised in these cases that the quantity of the agent be sufficiently dilute, else irritation instead of relief follows its use.

Belladonna.—Dr. A. W. Woodward, (*Med. Era*, Jan., 1887), calls attention to certain provings of belladonna which he cites for the purpose of comparing the succession of effects it has produced upon a number of persons. While a considerable variety of symptoms are exhibited, each proving is similar to the others in showing a disturbance of the same organs or functions one after another. Accepting this sequence tentatively, and assuming that it indicates the individuality of this drug: by the law of similars, whenever belladonna is indicated in acute disease, we should find, besides the local affection, very decided concomitant symptoms involving the skin, *and* cerebro-spinal nervous system, *and* respiratory or circulatory organs, *and* mouth, throat, stomach or bowels. The cutaneous, cerebral and spinal symptoms being most prominent after the local affection.

In primary affections of the sensory nerves and skin, visual disorders, neuralgias, headaches, hyperesthesiae or anesthesias, belladonna is indicated when the affection is attended by great mental excitement, sleeplessness, sopor, delirium or coma, also marked paralytic debility or rest-

lessness, jactitations, spasms or convulsions; respiratory or circulatory symptoms will be less prominent, and those of the mouth, throat or stomach often absent.

In erysipelas and scarlatina simplex, the above indications hold true; the febrile disturbance being an index of the gravity of the nervous derangement, the throat symptoms being least important.

Stibium Arsenicosum.—This new remedy is regarded by Dr. F. F. Laird (*Med. Institute*, Dec., 1886), as "destined to fill a most important niche in our *materia medica*." Through its agency he has "happily succeeded in saving four lives which seemed perfectly hopeless"—cases of catarrhal pneumonia. From his report of these cases it appears that the indication for the remedy is a mixture of arsenic and tartar emetic symptoms, viz.: Rattling in chest, but scant or absent expectoration, great restlessness and prostration, with frequent calling for small drinks of water. If the drug be repeated too often there may be an obstinate diarrhoea which speedily subsides when the remedy is withheld.

Stibium arsenicosum (2nd decimal trit.) has been successfully used in chronic bronchitis, pulmonary oedema, chronic pleurisy with compression of lung, and in pericarditis.

Cannabin Tannate is an amorphous powder. It fully represents the action of *cannabis indica*. The great drawback to the use of *cannabis indica* in the crude form, and in the form of its preparations, the extract, fluid extract, tincture, etc., is its utter unreliability. One extract would be effective in 1-10 gr. doses, another might be given in drachm doses without producing any appreciable effect, and so also with the other preparations, including the crude drug itself. This is now obviated by the employment of the cannabin tannate which may be given to meet all the indications of the drug itself. As an analgesic and hypnotic, instead of opium, being especially desirable in phthisis, also in the treatment of traumatic tetanus, neuralgia, etc. Dose, 2-10 grs.

Eserine.—According to recent researches eserine and physostigmine are identical. It is the alkaloid obtained from calabar bean. Of late years it has attracted a great deal of attention, not alone in human but also in veterinary medicine. In the latter it has been used with great success in the colic of horses. Upon man small doses reduce the blood pressure, large doses increase it, caused respectively by depressing or exciting the energy of the heart's action.

In the purgative action of large doses the local action upon the bowels must be taken into ac-

count. The peristalsis being very much increased so that it may amount to a spasm (which even continues for some time after death). The contractions produced cause compression of the blood vessels and consequent anemia of the bowels producing a total suspension and cessation of secretion. Upon this fact has been based the recommendation of this drug in cholera. Physostigmine is also used as an antidote for atropin, hyoscyamin, daturin and duboisin, the dose for this purpose being 1-30 to 1-12 a grain. It produces its effects chiefly by stimulating the contractions of the weakened heart.

Dr. Eschle (*Mendel'sches Centralblatt Fuer Nervenleiden*) lays great stress upon its action in diarrhoea. He uses doses of 1-64 to 1-40 of a grain subcutaneously. Larger doses on the contrary cause purgation. Dr. Eschle specially recommends this remedy in severe cases of dysentery where it becomes imperative to stop the bloody and albuminous discharges.

Levulose Ferride.—This is a very elegant ferruginous preparation, possessing many advantages over other preparations of iron. It has been found especially useful in anaemia, chlorosis, etc., and is the best preparation of iron for administration to children. It does not discolor the teeth, and on account of its rapid absorption it may be taken for any length of time without affecting digestion, even in cases where iron is not always well borne, as in fever, dyspepsia and cases of gastric derangement. The best form for administering this preparation is in powder, but it can also be dissolved in syrup or given to children in milk. It has a pleasant, sweet taste, and is manufactured by Graff & Dannenbaum, chemists, 320 Race street, Philadelphia.—Dose of the powder, 5 to 10 grs.

Diastase.—Diastase is a yellowish white powder and is the principle obtained from germinated barley or other grain, which, in the great laboratory of nature, is intended to dissolve starch, *i. e.*, convert it into dextrine and maltose, a variety of sugar. It was first discovered by MM. Payac and Persoz, in the seeds of barley, oats, wheat and in the potato after germination. As its action in the economy of the vegetable is identical with the action of ptyalin, the active principle of saliva in the animal economy, it is used in medicine to digest starchy food, subserving this purpose completely.

The dose is from 5 to 20 grs., which may be mixed with the food or dissolved in water or weak wine.

Of the different malt extracts claimed to contain diastase in unconverted form, "Johann

Hoff's Malt Extract" is said to contain the largest amount in solution.

Aseptol.—(C₆H₅OH SO₂OH.) This is really a 33 1-3 per cent. solution of the orthoxyphenol-sulphuric acid of yellowish color, and is used as a substitute for carbolic and salicylic acids. It possesses their antiseptic properties, and is soluble in water, alcohol and glycerine in all proportions. As it does not possess the irritating and toxic properties of carbolic acid, it is preferred in extensive surgical operations (opening of the abdominal cavity, etc.), and as it is not escharotic it may be used in diseases of the eye. It is said to act antiseptically in a solution of 1 to 1,000.

The dose for internal use is intermediate between carbolic and salicylic acid.

Avenine.—The alkaloid obtained from oats is a brown powder of an aromatic vanilla-like odor, having all the alkaloidal reactions. Soluble in 50-60 per cent. of alcohol. Avenine contains nitrogen, and is supposed to exert its physiological action in stimulating the motor cells of the nervous system. It is supposed to be the carrier of the stimulating action of oats in horses.

ANÆSTHETICS IN LABOR.

BY F. P. WARNER, M. D., CANANDAIGUA, N. Y.

AS IT IS the office of the physician to prevent suffering, and as the sufferings of childbirth are as severe as any which women have to bear, is there not some agent by which we can lessen these pains and thus remove the fear which many have of bearing children?

There are agents known to us which have the power to deaden the system to the sense of pain. Chiefly among these is chloroform, the only one we recommend for use in labor. This should be used because it is the quickest, the safest and most pleasant. It never irritates the fauces nor provokes a troublesome cough like its rival, ether. The pains of labor come on quite suddenly, and as suddenly do we want an agent to dispel them or rather to make the body insensible to them. Ether is too slow in its action for this purpose.

Chloroform has been established as a safe and legitimate means for assuaging these sufferings, but when should it be used, and how?

Generally we do not give it until the os is well dilated, the pains propulsive, and the head descending. Women will generally bear well the nagging pains of the first stage without it or if necessary to quiet them there are other and simpler means which can be used.

Nature has graciously applied an intermittent

type of the pains in childbirth. So would it be unnecessary and dangerous to produce a continuous state of anæsthesia, but rather let us imitate nature and apply our anæsthetic intermittently. When the pains begin to come on then let them inhale it and when they begin to pass off then stop, thus the woman may be kept insensible during the pains and conscious or semi-conscious between them. A fuller degree can be produced and maintained at the close of the second stage when the head is coming through the outlet.

In this intermittent character of its administration lies its safety. For a portion of the time the woman is in a conscious state and never should she be profoundly anæsthetized unless a subject of instrumental delivery.

Of course we will watch the character of the pains during its administration. Its object is not to prolong labor but to assist it. If the pains become lessened during its administration we must stop for a while until they increase, or add alcohol to our chloroform in the proportion of one to three. This increases the effects of the chloroform and prevents undue relaxation.

It is best used by sprinkling a little on an inhaler or what is always at hand, a handkerchief or a napkin folded in the form of a cone. This is to admit some air into the lungs with the vapor.

Should we administer the agent in every case of childbirth?

There is no infallible rule applied to all, no more than we can apply or prescribe a universal diet for all dyspeptics. While we might state it as a general law that it is safe to administer chloroform in every case of labor yet there would still be exceptions to the rule.

What must we watch during its administration? That which comes under our observation foremost in the pulse and respiration.

The writer has seen but one whiff of chloroform produce a degree of anæsthesia sufficient for any stage of labor. Persistency in its use in such a patient would soon produce a dangerous condition. Always when beginning its administration see that the respiration and circulation go on in a normal condition. The amount that it would take to effect one patient might destroy the life of another. Don't think because your patient is weak and feeble that she is no subject for its use. I long ago learned that I needed more care with the strong and robust in its administration.

The heart and lungs may be somewhat diseased and yet such will bear the anæsthetic well.

Another point to be remembered is the power this agent has to produce relaxation of the uterus.

Any one who has used it to dilate a rigid cervix and seen it do its work knows that it does it by its power of relaxing the uterine fibers.

We have already spoken of the intermittent character of the uterine pains. This, we think, is why the uterus will recover itself when emptied of its contents and contract so as to seal up the open vessels and prevent a flooding. No doubt should we administer this agent continuously we would see many more cases of post-partum hemorrhage, but being administered intermittently the uterus with the system recovers itself in the intervals, and the moment it is withdrawn or by the time the placenta is delivered, the system not being weakened by excessive pain performs its natural functions in its proper way. The writer has never seen any ill effects nor hemorrhage from the use of chloroform in labor but an infinite amount of good in lessening suffering and hastening a good reaction and recovery.

WHEN AND HOW TO USE THE FORCEPS.*

BY W. T. BRANSTRUP, M.D., TOPEKA, KAN.

I AM fully satisfied that more graduates of medical colleges know less of the proper use of the obstetrical forceps than of any other one thing taught in medical institutions. This may be the result of indifference or the lack of opportunity to see them applied. I have had a number of fairly bright young men, fresh from their *Alma Mater*, confess freely that they didn't know how to use them. One instance I well remember, being called about ten miles to assist a young friend of mine in his first instrumental labor. After fully informing myself that it could not be accomplished without instrumental aid, I requested him to put the woman in position. He seemed at a loss to understand me—in a word, did not know anything about the matter—and frankly told me he had never been in a room where the forceps had been used. I gave him the proper instructions. These things, I am proud to say, are of the past, as the medical colleges of today give clinical instruction or on the Cadaver, as in Vienna. Another point of importance is coolness. I am satisfied that a number of physicians become excited and hurry things through, to the detriment of themselves and injury to their patient.

When.

This is a question of importance. In many instances they are used much too early, while in others much time is wasted. Some of the author-

ties say three hours is quite long enough to wait. This is altogether too short a time, unless hemorrhage, convulsions or loss of explosive power (pains) should set in. Again, we are told to use them in the first stage of labor, while the forthcoming head is in the womb. This, too, I think questionable. There are two things of great importance in attending the lying-in woman—first, patience; second, grease. Napoleon said there were three things necessary to make war a success—first, money; second, money; third, more money. I say the same of lying-in cases—first, grease; second, grease; third, more grease. I always use lard in the winter, taking a large piece in my hand, allowing it to melt in the vagina, using my fingers to spread it on the cervix and head. In addition I take with me a bottle of sweet oil and a good rubber syringe, using it in preference to lard in the summer time or warm weather. The first stage of labor is simply forming the head to pass the inferior strait, and if lard or oil is freely used and a little time given labor will generally go on satisfactorily, and the head will engage. Then, if the progress is retarded or the patient is losing strength, it will be well, after a careful examination, to use the forceps. There is no need of haste, and I can call back to memory a case that I had fully satisfied myself could not be delivered without instrumental aid. I so expressed myself to the husband, and requested him to go for a friend of mine to assist me. He started at once, but was unable to find my friend until he had lost an hour and a half hunting for him. When they arrived it was all over, mother and child doing well, and all concerned very happy. I did nothing but wait, and proved to myself that many times things do not appear as black as they are painted. This lesson I never had to learn over. As I do not become excited or act as though I thought things were all going wrong, I simply wait until I am fully satisfied that nothing else will do, requesting such assistance as I think needed. In using the forceps always bear in mind that the head and hand should be cool and steady. If it be so that intelligent assistance cannot be obtained and you are forced to rely on such as you can get, make the best of it giving such instructions as the case demands, watching the effects of the chloroform from time to time. My way of giving chloroform is to take a common tumbler (not a goblet), place in it a handkerchief, pour on a goodly quantity of chloroform, instruct the nurse to place it over the mouth and nose, letting the edge of the glass rest lightly on the nose. Sufficient amount of air can get under the glass by the side of the nose for all

* Read before the Kansas State Society.

purposes. The next question of importance is to have your forceps properly prepared by warming and oiling them. In the introduction of the blade be very careful about using force.

How.

I think this the most important in the introduction of the blade (as you are fully aware only one is introduced at a time), the right is generally the first, *i.e.*, the one to your left hand and the mother's left side. Oil your right hand well, allow the blade to glide carefully along until it is in proper position, then give the handle to an assistant with instructions to hold it perfectly still. Then introduce the right in the same way using your left hand to guide it. When they are both properly introduced make very little effort to lock them as force is unnecessary, if they are properly introduced they will fall into the slot or lock themselves. After you are fully satisfied that they are all right, the next question is the amount of force necessary to extract the head. This should be just as little as possible; if the pains are going on assist them by gentle force, keeping in mind the *Vaginal Curve*, and remember to keep the parts well oiled.

There is a question in the minds of many of our American Obstetricians whether the head should be delivered entire with the forceps. In Vienna it is always done, the forceps being detached after the head is fully born. This should depend a great deal on the condition of your patient. If the labor has been long and the woman is exhausted, I would advise the delivery of the head entire before the forceps are detached. As soon as you have removed the forceps make a careful examination for the umbilical cord and learn whether it be around the child's neck, if so, put your finger under it and keep the pressure from the child's throat, and as soon as possible remove it from the neck altogether. We are instructed to do many things to prevent laceration of the perineum. One thing you may rely on that a 10-inch globe cannot pass through a 9-inch opening unless something gives way, yet it is your duty to prevent any accident if possible. As this paper has nothing to do with this point we will let it pass, trusting that all my hearers are fully posted in the different modes taught to prevent laceration.

I know a number of physicians that say they never have anything of the kind, while others have them by the score.

It is well to have with you in your obstetrical bag, everything needed to repair the accident if it

should occur. A set of Pearless needles, silk, linen thread and silver wire.

Always examine your patient carefully after every confinement with the eye, the finger will not do. If the rent be small it may repair itself by requesting your patient to lie on her side, keeping her limbs together for a few days, but if it be large it will be your duty to sew it up at once, delays are not dangerous to life but the prospect of repair and a good recovery are very much decreased, therefore for safety to yourself and patient do it at once, as many a physician with a splendid prospect for success has lost it by delay.

To sum up, 1. Remember grease and patience, and never become flurried. 2. Do what you have to do at once, to-morrow will not do. 3. Have your subject at your tongue's as well as your fingers' end.

"THE PHYSICIAN OF THE FUTURE" AND THE EDITOR OF THE HAHNEMANNIAN MONTHLY.

BY ELDREDGE C. PRICE, M. D., BALTIMORE, MD.

THE FOLLOWING remarks may be considered more properly as explanatory than as controversial. The editor of the *Hahnemannian Monthly*, in the April, ultimo, issue, opens his department with an essay entitled "An Opportunity and a Responsibility." Some transcriptions from "The Physician of the Future," published in this journal for March last, serve as his text, or as he expresses it, "a peg upon which to hang an editorial." Much of this editorial is in accord with my views, but all of it is not.

The editor says: "Before I proceed to discuss our subject, however, it may be said in parenthesis that if all the complaints set forth in the above quotations are well-founded, they do not begin to justify the abandonment of the homœopathic name and school by any physician who believes in the doctrines of similars to any extent whatsoever; nor does it warrant professional union with the allopathists by any physician who respects his right and duty of private judgment."

Apparently, I am misunderstood; but Emerson queries: "Is it so bad, then, to be misunderstood?"—and I reply, That depends upon who misunderstands. In this instance I wish the writer to understand me. What I intend to convey is, that if our colleges taught students medicine in its broadest, most liberal sense, and homœopathy in its relation to therapeutics—not therapeutics in its relation to homœopathy—it would then be just as inappropriate to call a believer in homœopathy a "homœopathist" as it

would be to distinctively call a physician who (among many other things) believes in plenty of fresh air, simple, proper food and good drainage, a "hygienist." Of course he is a hygienist, but he is more, he is a physician. And of course, then, the believer in homœopathy would be a homœopathist, but he would likewise be more, he would be a physician.

So far as I am aware I have given no hint of desiring what my critic calls a "professional union with the allopathists," because, as I hope all who have troubled themselves to attentively read my article may see, such a union would be quite as antagonistic to my ideas of liberal principles in medicine as a union with any other bigoted sect.

I unite fully with the editor when he says: "The rising generation of physicians must be taught the whole science, even though they may need but a portion of it. We must cultivate and occupy the whole field of medicine, and the restrictive sect which fences itself in a corner must bear the responsibility of its own misdoing."

It is this kind of a future I have depicted for the medical profession ("we," of course meaning the liberal "we" that includes all our local and true medical brethren of whatever pathy originally), and plainly all sect distinction will then be universally recognized as superfluous. And the men who persist in holding to sectarian distinctions, or as some severely say, "trading upon a distinctive name," what will become of them? The *Hahnemannian* editor says they must then "bear the responsibility of its (their) own misdoing," which, of course, means "professional ostracism."

This change, this almost Utopian change, will not be suddenly effected. It will come slowly, and the manner of its coming, as is the history of all progress, will be through those who are most liberal, who accept truth for truth's sake, and who have the greatest faith in the possibilities of homœopathy. They will first throw down this restrictive, sectarian fence that cramps them into "a corner," and the majority will slowly follow; it always does *follow*—ultimately.

The editor says my letter "makes mention of a condition of affairs in homœopathic college education which does not accord with the early traditions of the homœopathic profession, and which places homœopathic practitioners in a false attitude in their relation to medicine as a science."

In the first place, I am not prepared to accept medicine as a science except in a very qualified degree, and in the second place, the "condition of affairs" to which my article refers does not relate

to the "early traditions of the homœopathic profession." It refers to no traditions, legends, or romances, but to hard facts, unpleasant truths of to-day, correctly stated, as the editor frankly admits, and concisely illustrated in his own sentences: "How many candidates for graduation could state the broad principles on which the choice is made between a homœopathic and a non-homœopathic procedure? Not one in a score, we venture to say. Indeed, is there any certainty that in the minds of the teachers themselves these principles are well defined?"

Better illustration of my views is not needed, for the editor is in position to intelligently give this verdict, and I therefore think it cannot justly be said that this part of my article "places homœopathic practitioners in a false attitude to medicine as a science" (sic).

As quoted by the editor, I said, "I believe there are other means of safe and permanent cure of disease than the *Hahnemannian*," &c.

The editor says non-homœopathic measures do not cure, but they "can so effect the organism as to permit, or otherwise to favor, the operation of the *vis medicatrix naturæ*, and thus aid in bringing about a recovery." And he also admits that "non-homœopathic measures can often prevent losses, of animal tissues and fluids and waste of vital energies, and thus determine a favorable result."

Now I am not advocating the use of non-homœopathic methods any more than is the editor, but I am bent upon rendering unto "Caesar the things that are Caesar's," and so I would fain know why such satisfactory results may not be termed cures. Cure simply means "successful remedial treatment, restoration to health from disease," and whatever be the means, whether a setting up in the system of an artificial disease resembling that already existing, favoring "the operation of the *vis medicatrix naturæ*," or preventing "losses of animal tissues and fluids and waste of vital energies," they are all curative agencies, and therefore I must still hold that "there are other means of safe and permanent cure of disease than the *Hahnemannian*," but, as in my letter, I must, until I am otherwise convinced, add, "but where homœopathy is applicable, I believe no other system of therapeutics will fill its place."

The question of therapeutic methods, therefore, does not depend upon a definition of the term cure, as the editor seems to think, but it depends upon the applicability of the therapeutic method to the individual case.

In the foregoing points I have been compelled to differ from the editor of the *Hahnemannian*

Monthly, but now, since the obscurities have been cleared away, I trust we agree as to the status of the physician of the future.

CLINIQUE.

A CASE OF FIBRO-CYSTIC TUMOR OF THE UTERUS. —ABDOMINAL SECTION.—SPECIMEN.*

By H. I. OSTROM, M. D., NEW YORK.

Surgeon to Ward's Island Hospital; to the Hahnemann Hospital, New York, and to the House of the Good Samaritan Diakonissen.

LAST FEBRUARY I removed this tumor by abdominal section from a woman aged fifty years. The operation was performed at the earnest request of the patient and her family, and with a full understanding of the gravity of the case, and the mortality that attends the only operation that promised permanent relief from her intense suffering.

The history of the case is interesting. There was the not unusual assertion that the growth first appeared in the iliac region; but, standing alone, this has not much diagnostic value, for the patient's observation cannot be trusted; and the weight of the tumor, and, if subperitoneal, its attachment to the uterus, may well cause the neoplasm to assume a lateral position, or one widely diverging from the mesial line. The consistence of the tumor, and the connection between it and the uterus, are more trustworthy guides than the reported spot at which the growth appeared. One symptom to which I am inclined to attach considerable importance, and which contributed to my diagnosis of a fibro-cystic tumor, was present. The growth increased in size immediately before menstruation, and decreased after that period. In the two *fibro-cystic* uterine tumors that I have removed within the past year this symptom was present. Its pathology I have not been able to determine satisfactorily. It is not probable that the cyst contents becomes reduced by the menstrual flow; such an explanation would necessitate a direct communication between the cavity of the cyst and the uterine canal—a condition that I have not found recorded. But in both of the cases to which I refer the diminution in size was well marked by the patient and by actual measurement. In the case that we are at present considering, because of the peritoneal ascites that complicated the diagnosis, this symptom was perhaps less pronounced, and depended more upon

the assertion of the patient than upon my own observation; and still, during the two menstruations that intervened between my first examination and the laparotomy, the changes in the size of the tumor were unmistakable. I have not observed this symptom in connection with solid uterine fibromata, or myomata.

The woman had been married twelve years, but had never been pregnant. I found the hymen intact, and an excessive degree of vaginismus present. The os uteri was in consequence reached with difficulty, and it was impossible to introduce the sound into the uterine cavity. The uterine arteries were very much enlarged, one arterial branch almost as large as the radial artery, existing in the left vaginal fornix. Mr. Lawson Tait considers this condition one of the most constant symptoms of uterine tumors; it has been present in all the cases of uterine fibroma that I have examined, though I am not prepared to say that I look upon this vascular anomaly as pathognomonic.

The abdomen was greatly distended with fluid. By pressure, a firm hard tumor could be distinguished, quite movable within the fluid, its axis of motion corresponding to the normally situated uterus. Bimanual examination showed the tumor and the cervix to move together. The surface of the growth was quite regular. A smaller body could be distinguished low in the right iliac region, but I could not determine whether this was an enlarged ovary or a small pedunculated fibroid; it proved to be the latter.

The pressure from the tumor and ascites together was so great as to render respiration impossible excepting in the upright position. Walking, or a slight excitement, caused alarming dyspnoea. Menstruation had been profuse for three years, and for the past twelve months had recurred every two weeks, occasionally continuing two and three weeks at a time. Emaciation was extreme.

The tumor was discovered three years before my examination, during an attack of pelvic cellulitis. My friend, Dr. John H. Demarest, attended her at that time, and during two subsequent similar attacks.

Peritoneal dropsy developed twelve months before Dr. Demarest requested me to see the case, but was at one time apparently reduced by a profuse diarrhoea, which occurred at the close of one of the attacks of pelvic cellulitis.

After removing over two gallons of ascitic fluid through an exploratory incision, I found the neoplasm to grow from, and to involve, the fundus of the uterus. The adhesions were neither

* Read before the Bureau of Surgery of the Homœopathic Medical Society of the County of New York, May 12th, 1887.

very numerous nor dense, with the exception of the appendix vermiciformis which required to be ligated. The indistinct fluctuation felt before opening the abdomen, and which then suggested cystic degeneration in the tumor, became more apparent after removing the ascitic fluid, but Tait's trocar plunged into the growth failing to reach a cavity, the abdominal incision was lengthened to the ensiform cartilage, the tumor separated from its connection, clamped with Tait's clamp, and removed entire without opening the uterine cavity. Only a few vessels required to be ligated.

Both ovaries were found to be enlarged, and were, together with the tubes, removed.

The abdominal wound was sewed with carbolized silk, and the usual dry dressing applied.

Reaction took place promptly; within three hours after the operation the patient was comfortable and enjoying short, refreshing naps. There was neither vomiting, nor a rise of temperature, and all went well for twenty-four hours, when that excessive fatigue, accompanied with restlessness, developed, which we recognize as one of the closing acts of what will soon become a tragedy, and she gradually sank, dying from exhaustion about thirty-six hours after the operation.

Upon removing the clamp the wound was found to be healing, and the uterine pedicle white and bloodless. Because of the dropsy of the peritonæum it was thought advisable to introduce a small glass drainage tube by the side of the pedicle. This was removed on the morning after the operation, there being no discharge from it.

An examination of the tumor will show why its cystic character could not be diagnosed before removal and its contents evacuated. The solid, was the anterior portion of the tumor, the cystic, the posterior. Considering the thinness of the cyst wall, and the degeneration of the surface of the tumor that had already progressed to a considerable extent, it is somewhat remarkable that the manipulation necessary to raise the tumor out of the abdomen, did not cause a rupture of the cyst wall.

Apart from the pathological interest that belongs to this case—which represents a rather rare form of neoplasm—from a clinical stand-point, it possesses even a stronger claim upon our attention. There was apparently little reason why this patient should not have recovered from the operation. This was done in forty-five minutes, and in less than an hour from the time she was brought into the operating-room she was conscious, and resting quietly in bed. The primary shock was very slight, and reaction was good. During

the operation the pulse remained full and strong. With modern surgery the abdominal cavity should be opened, and any organ not essential to life removed with almost the same impunity that a finger is amputated. Why then must we record these failures in our art? There is one question, lately rediscussed by surgeons, that I think has no indirect bearing upon the mortality of our operative cases, and especially upon cases where no other adequate cause is known for the fatal termination. I refer to the question of anaesthetics, and their administration.

It is foreign to my purpose to review the comparative merits of the anaesthetics in general use. While chloroform is unquestionably less free from danger than ether, it possesses advantages over the more frequently used anaesthetic, and I have yet to witness the first evil effects from it, while from ether I have had most alarming conditions develop. But of even more importance than the particular anaesthetic used is the quantity given to produce anaesthesia. It goes without saying, that great care and caution should always attend the administration of so powerful a drug as either chloroform or ether, but it is perfectly consistent with the exercise of the utmost care to produce anaesthesia rapidly. I believe that some of the unfortunate results following operations can be traced to the unnecessarily slow giving of the anaesthetic, whereby the system becomes completely saturated with the drug. There can be an overdose of ether as well as an overdose of arsenic, or any other poison, and when anaesthesia is produced slowly such a condition is likely to obtain. We occasionally meet with patients who will not become anaesthetized with less than a toxic quantity of the anaesthetic; operations upon such persons must be attended with more than usual risk, and any accident from the anaesthetic should be anticipated by the use of hypodermic injections, or other administrations of heart stimulants. Unfortunately the individual toxic quantity can only be known by experiment, for to those persons who are said to take ether badly a small quantity is poisonous and will cause most alarming conditions. Nor can we always judge of the effect of the anaesthetic by the temperament of the patient; one of the most trying cases I ever had occurred in my practice not long ago. The woman was in perfect health and absolutely without fear. The operation was a simple lacerated cervix. But she had not taken half a dozen inhalations of ether before she became asphyxiated, and I was obliged to resort to artificial respiration. The operation was continued with great difficulty, and the pri-

mary effects of the anaesthetic did not pass off for several hours. Whether from the ether or not I cannot say, but this patient has not regained her nervous strength, and her mind is not as clear as it was before the operation. We have one very important safeguard against the bad effects of ether, in the condition of the kidneys, but there is much remaining to be learned concerning the giving of anaesthesia. In cases of ether poisoning the primary anaesthesia may pass away without signs of danger, but in a variable length of time the patient develops symptoms of nervous exhaustion and heart failure. This course of the case is frequently quite unexpected, and usually no treatment avails to avert the fatal termination. The heart cannot be stimulated, and the nervous system fails to respond to the most powerful nervines.

In view of such experiences, which I presume we have all encountered, may we not, at least occasionally, find a cause for the unfortunate termination in an overdose of the anaesthetic? May we not also attribute the *slow recovery* of some operative cases to the lasting effect of the anaesthetics? Both ether and chloroform are active poisons, but in producing anaesthesia we do not push the anaesthetic to its full toxic effect. The minimum dose, varying with the individual, is the limit of the effect we wish to produce, and by giving the anaesthetic rapidly we are more likely to ascertain this, than when, what I am forced to regard as an excess of caution, anaesthesia is induced slowly.

THE RELATIVE INFLUENCES OF MATERNAL AND WET-NURSING ON MOTHER AND CHILD.

IN A PAPER bearing this title, read before the New York Academy of Medicine, and reprinted from the *Medical Record*, Dr. Joseph Edeil Winters argues with much clearness and force, that every attempt to depart from maternal suckling, even when a hired breast is resorted to, increases infant mortality. His concluding paragraphs are as follows:

The lives of nine-tenths of the wet-nursed children are purchased at the expense of the lives of other children. The practice, therefore, of placing children to dry-nurse, either in families or in institutions, in order that the mother may go as wet-nurse, is iniquitous.

It is inexcusable and indefensible under any circumstances. It is the deliberate starvation of one child that another may live.

It is lamentable that a system so pernicious and injurious to the best interests of society

should be tolerated, and even encouraged, by the most eminent and honorable members of the medical profession.

Briefly, then, we usually select a hireling to perform the mother's most sacred duty; one who occupies the lowest place in the social scale, and in whom there is an absence of the moral qualities; usually one who has been, in some degree at least, a prostitute; one who can forsake her own child and take a stranger's to her breast: one who can witness the gradual starvation and death of her own child, and who may be a double murderer by poisoning her foster-child with opiates or alcohol: if after being nourished from such a fountain, our child is perverse, froward, insolent, and has no regard for truth, who is accountable? Is not the mother who deprived him of her own pure, untainted breast, and who purchased for him instead a polluted and debauched stream?

It has been said that wet-nurses are a necessary evil. I believe them to be an *unnecessary* and unmitigated evil; moreover, I believe, with certain rare exceptions, their employment should be suppressed.

In the discussion of Dr. Winter's paper, Dr. Simon Baruch said: "I regard wet-nurses as an evil and avoid them as much as possible. These people are frequently capricious, exacting, mercenary and altogether unreliable. Fortunately, I believe we have a good artificial food that will render us independent of these pests of the household. I have recently had some happy experience with this preparation, called 'Carnrick's Soluble Food,' composed of partially pre-digested dessicated milk in combination with wheat, the starch of which is converted into the unfermentable and easily soluble form of dextrine. It is my custom when a child is born in the spring, and the mother is unable to nurse it, to obtain a wet-nurse and keep her until the more favorable temperature of autumn brings exemption from summer diarrhoeas; then dismiss the wet-nurse if she is not altogether agreeable to the family, and place the child upon artificial food, which until recently has been simply cow's milk, diluted or not, as the case required. If the child was born in autumn or winter I have not hesitated at once to resort to the bottle, if there is much difficulty in procuring and retaining a good wet-nurse." Dr. Baruch then detailed the cases of two bottle-fed infants who developed summer diarrhoea, but were restored to perfect health by the sole use of "Carnrick's Soluble Food," which had been recommended to him by Dr. J. Lewis Smith. Another child, "nursed by his healthy mother with extraordinary care," began when six months

old to suffer from excessive crops of boils, which annoyed and debilitated him considerably. The soluble food was substituted as the greater portion of his nutriment. After two weeks' use the boils ceased to appear, and constipation, from which he had also suffered was removed. Dr. Baruch believed if the food is maintained at its present standard, that we have an important factor in the solution of the wet-nurse problem.

ASTHMA.*

THE physician who commenced practice forty years ago well remembers that the asthma of to-day was then called phthisic, and that cases of it were exceedingly rare. Hay fever and rose cold had never then been heard of, both being the product of later years. Asthma in all its forms has increased remarkably in the last thirty years in this country; and all the medical authorities who have yet written of it belong to France and England, so rapid has been its considerable development here. It is estimated that there are in the neighborhood of 175,000 persons in the United States suffering with spasmodic asthma, with an annual increase of 20,000 cases, and a diminishment by death of 12,000, leaving a net annual increase to the first stated number of 8,000. The average prevalence of the disease is about one to each 333 inhabitants. This varies as follows: The New England States have one asthmatic to every 150 inhabitants; New York and Pennsylvania, one to 200; Maryland and Virginia, one to 300; Michigan and Ohio, one to 200; Minnesota, one to 250; Colorado, one to 150 (but both Minnesota and Colorado have many asthmatics who have gone there expecting a cure, otherwise their ratio would be much smaller); Georgia, South Carolina, Alabama and Mississippi, one to 1,000; Florida, less than one to 1,000 in summer, but more in winter from Northern influx; Texas, one to 500; Kansas, Missouri and Nebraska, about the same; California, one to 400, and Washington Territory, one to 300. Of the large cities of the United States, New Orleans has the least asthma, and San Francisco the most. The Dominion of Canada has a still greater general average, being not less than one to every 200 inhabitants. The regions about Montreal and Quebec are the least afflicted, and the maritime provinces and lake regions the most. One great peculiarity of the disease is the independence of each case from all others in the matter of treatment. Remedies are often of the utmost benefit in individual cases, and wholly ineffectual in oth-

ers. One class of medicaments, however, appears to give universal relief and oftentimes to effect actual cures. That is the inhalation of the fumes of plants with sedative—not narcotic or soporific—qualities. The chief among these vegetable remedies is stramonium (*Datura stramonium*). The most satisfactory and convenient method of using it is in the form of cigarettes. Of these there are two kinds in most general use, one or the other of which is almost certain to give relief if partaken of in timely season. There are three species of datura in use—the *D. stramonium*, the American species already referred to; the *D. ferox*, which was the kind introduced from India in England; and the *D. tatula*, which has the reputation of being the strongest of all, and which is usually the base of the stramonium cigarettes. The cigarettes are the "Espic," manufactured at Paris, by a celebrated chemist of that name, at 128 St. Lazare street, and which enjoy a world-wide renown, and the "Datura Tatula," named directly from the plant itself. This is made by Messrs. Savory & Moore, London. Both the above are positive remedies in most cases. A third cigarette widely endorsed is Grimault & Co.'s Indian cigarettes of *Cannabis indica*. This plant is much availed of in India as an anti-asthmatic, being at once a stimulant and a sedative. All three of the foregoing are put up in neat small boxes, rendering them convenient for transportation as well as for prompt use, and in purchasing either of the three, it is well to see that the wrapper contains either the trade mark of the manufacturer or the card of the American importer and agent.

THE PATIENT HER OWN ANESTHETIZER IN NATURAL LABOR.

A PAPER with this title was read by Dr. W. S. Ely, of Rochester, in which he said that it would probably be conceded by a majority of his hearers that the use of anesthetics at some period in the progress of many obstetric cases was justifiable. Lusk said (page 219): "In my own experience, during the last sixteen years, there have been comparatively few labors in which I have not used chloroform or ether in some stage. The result of my experience has been to make me a warm advocate of their wide employment upon the one hand, while proclaiming the necessity of caution in their use on the other." Sharing this view, Dr. Ely had gradually come to the adoption of a plan which practically, with some exceptions, limited the use of the anesthetic in natural labor to the period occupied by the expulsion of the

* From an article in the *American Analyst*.

child. In order that he might have the patient more perfectly under control, he had made her her own anesthetizer. The procedure was as follows: Dispensing with towels, sponges, and extemporized cones for the administration of the ether, he folded a large handkerchief in a cravat, two inches wide, which was spread on the patient's palm, carried to the back of the hand, and tied around the wrist. On this the ether was poured, and the patient herself covered her nose and mouth with it. When she felt a pain, she held out her hand for the ether, the palm upward, and from the bottle, held in the free hand of the physician, a teaspoonful or more was poured. When it was exhausted, she asked for more; and the moment she became fully under its influence, the active muscular effort necessary to hold the hand to the face relaxed, and the hand dropped. She seldom, therefore, took ether to an extent which abolished her entire consciousness of what was going on. If this was the case, it was only momentary in duration, and the patient could be made to appreciate the peremptory command given to her to avoid any voluntary expulsive efforts when the head distended the outlet. The effort was made to consume fifteen to thirty minutes in what might otherwise be completed in three to five minutes. So the head was extruded in the most gentle way under the action of uterine contractions alone, the patient all the time under the influence of ether to an extent which abolished pain without rendering her so profoundly unconscious as to lose her power of answering to the frequently repeated command of the physician to desist from all auxiliary muscular effort. Since the adoption of this treatment he had had fewer and lighter perineal lacerations, a result attributed to the method described.

Treatment of Cysts of the Pancreas.*—In the treatment of a pancreatic cyst, the indications are the same as in the treatment of any other kind of cysts, viz.: 1. Extirpation of the cyst. 2. Evacuation of its contents and obliteration of the cyst.

Extirpation was attempted in Bozeman's and Rokitansky's cases; in the former instance with complete success, in the latter the operation was not completed, and the patient died a few days afterwards, of septic peritonitis. It is proper to state that in both cases the operation was done for the removal of a supposed ovarian cyst and that a correct diagnosis was made in the first case during the operation, after the pedicle was traced to the pancreas and the intact portions of the gland were identified. In the second case the post-mortem examination revealed the true nature and location of the cyst. The brilliant result obtained by Dr. Bozeman is well calculated to stimulate others to follow his example. Extirpation of the cyst would guard most effectually against the formation of a

permanent pancreatic fistula, but, on account of the deep location of the pancreas, shortness or absence of a pedicle, and the many obstacles thrown in the way of the operator by adjacent organs, the procedure becomes one surrounded by innumerable difficulties, and in the present state of our science, of doubtful propriety. Simple evacuation of the cyst contents by means of the aspirator, offers two principal objections against its adoption in the treatment of cysts of the pancreas. 1. Escape of cyst contents into the peritoneal cavity. 2. Re-accumulation of secretion.

Reasoning from analogy, we should naturally expect that when pancreatic juice is brought in contact with the peritoneum, it would produce a destructive effect upon it by its digestive properties, or, it might be even followed by diffuse peritonitis. In opposition to this assumption it is affirmed that in experiments on the pancreas it happens quite frequently, that pancreatic juice escapes into the abdominal cavity from the canula introduced into the pancreatic duct, without any bad results on the animals. Concerning this point Heidenhain* says: "The animals do not suffer from this circumstance as the duct is regenerated in spite of the wounded surface being bathed in the secretion. Nevertheless it is difficult to explain this. Why do not the wounded and suppurating tissues undergo digestion by the pancreatic juice? The efficacy of the albumin ferment is destroyed in some way I presume, probably by being changed into zymogen, the living tissues having the same effect on the juice as Podolinski observed by treating the pancreatic juice with pulverized zinc or yeast ferment. Although small quantities of pancreatic juice may escape into the peritoneal cavity of an animal without any serious consequences, we have no evidence to show that the peritoneal cavity in man is possessed of the same immunity against such accident, and it would not be prudent to expose a patient to such risk until more light is thrown on this subject by further observation and experiment. At the same time we must not forget that pure pancreatic juice is only found in small cysts, as the contents of large cysts have undergone various transformations, and are mixed with different accidental products, which might prove an additional source of danger in producing peritonitis. In all of the cysts where a pancreatic fistula was established, the artificial opening continued to discharge the secretion for a variable period of time, and in two cases the discharge had not ceased at the time the report was made, and hence re-accumulation would have been inevitable, in case the fluid had been removed by aspiration. For these reasons, the treatment by aspiration should be limited to cysts of moderate size, and where adhesions have formed between the cyst and the anterior walls of the abdomen. In cases presenting these favorable conditions, aspiration deserves a trial, and may be repeated as often as required, or until symptoms arise which call for more radical measures. The needle should always be thoroughly disinfected by passing it through the flame of a spirit lamp, and by dipping it in a five per cent. solution of carbolic acid. The puncture is made obliquely, so as to prevent the formation of a fistulous opening. The fluid should be withdrawn slowly and the cyst emptied as completely as possible.

After the operation gentle pressure should be made over the cyst, by applying a compress and elastic bandage. The safest, and at the same time the most efficient treatment, consists in establishing a pancreatic fistula. The operation which accomplishes this purpose most safely and in the shortest time, consists in exposing the cyst by an

* Excerpted from an article by Dr. N. Senn, of Milwaukee, Wis.

* Archiv. f. d. gesammte Physiologie, vol. xiv, p. 468.

incision, stitching its walls to the margins of the wound. The same aseptic precautions must be observed before, during and after the operation, as in any other abdominal operation. The stomach being generally pushed forward, upward, and toward the right by the cyst, it is advisable to empty this organ completely as a preliminary measure by abstinence of food, and the use of the syphon irrigator. Except in my case the incision was always made in the linea alba. It seems to me that the incision should always be made over the most prominent part of the tumor, and as near as possible over the seat of obstruction. In following this rule, we select the place where we are most apt to find adhesions, at the same time we establish the straightest and most direct route to the primary origin of the cyst. An incision through the linea alba, or parallel with the costal arch, will afford the easiest access with a minimum risk of injury to important parts. The external incision should be at least four inches in length, while the peritoneum should only be opened to the extent of two inches for the purpose of making an exploratory examination, to be enlarged as occasion may require. If adhesions are found between the cyst and the omentum, and the omentum and the parietal peritoneum, the cyst is punctured with an exploratory needle, and, if the diagnosis is corroborated, the operation is finished by incising and draining the cyst. If no adhesions are found between the omentum and peritoneum, the former is incised so as to expose the cyst wall, when either of the following plans may be pursued: The parietal peritoneum is stitched to the skin with catgut. The margins of the omental wound are pushed back under the abdominal walls so as to expose the cyst freely, when the wound is packed from the bottom with iodoform gauze, and an antiseptic dressing is applied and retained for six or eight days, or until adhesions have formed between the cyst and the margins of the wound which have effectually shut off the peritoneal cavity, when the cyst is incised and drained.

Suturing of the cyst wall to the margins of the wound as a preliminary operation should never be resorted to, as on account of thinness of the cyst walls there is danger of escape of fluid into the peritoneal cavity from the punctures made by the needle, an occurrence which the procedure was intended to obviate. With proper care, however, the operation can be completed at once. The cyst wall is grasped with two many-toothed forceps, and drawn forward so as to bring it in accurate and close contact with the margins of the wound, when the fluid is removed with an aspirator or trocar with the same care as in emptying an ovarian cyst. As the cyst becomes empty it is pulled through the wound, which obviates any further danger of escape of fluid into the peritoneal cavity. When the cyst is nearly empty it is freely incised and sutured to the peritoneal lining of the abdominal wound. The drainage tube should be fully three-quarters of an inch in diameter, and must reach from the bottom of the cyst to the surface of the wound. After emptying the cyst completely by compression, and placing the patient on his side, a large Lister dressing is applied for the purpose of guarding against infection, and to absorb the secretions. Frequent change of dressing may be required on account of copious escape of pancreatic secretion. Past experience would dictate the advisability of protecting the skin against the digestive action of the pancreatic juice by applying freely carbolated oil. The antiseptic dressings should not be abandoned until the peritoneal cavity has become completely closed by firm adhesions, and the size of the cyst has been

reduced to fistulous tract. The drainage tube is shortened from time to time, as the depth of the fistulous opening is diminished by obliteration of the cyst from the bottom of the tract. The speedy obliteration of the cyst will depend on the continuance, abatement, or removal of the obstructing cause, or the condition of the gland tissue distal to the seat of obstruction. If the structure in the common duct of the pancreas is complete and of a permanent character, the obstruction will continue, and, if healthy gland tissue remains on the distal side, the fistula will continue to discharge pancreatic juice. If the inflammation which caused the obliteration of the duct subsides, and the passage again becomes permeable, the natural outlet will be again established and the artificial duct will become obliterated. If an impacted calculus has caused the retention, and the fistula continues to discharge, a careful examination should be made to detect the calculus, and, if found, an effort should be made to remove it through the fistulous opening. If the obstruction has become permanent and the gland tissue on the distal side has become destroyed, either by the cause or causes which produced the obstruction, or by the intra-cystic pressure, that portion of the organ has been deprived of its functional capacity, and as no pancreatic juice is secreted, definitive obliteration of the cyst and permanent closure of the fistulous tract will take place in a comparatively short time.

In recapitulation, I believe I am justified in submitting for your further consideration and discussion the following conclusions:

1. Cysts of the pancreas are true retention cysts.
2. Cicatricial contraction or obliteration of the common duct or its branches, and impacted calculi, are the most frequent causes of cysts of the pancreas.
3. A positive diagnosis of a cyst of the pancreas is impossible; a probable diagnosis between it and some other kind of cysts amenable to the same surgical treatment, is adequate for all practical purposes.
4. The formation of a pancreatic fistula under antiseptic precautions recommends itself as the safest and most expedient operation in the treatment of Cysts of the Pancreas.

Treatment of Benign and Malignant Tumors.—Dr. W. H. Morse (*Medical Register*) reports the removal of a benign tumor from a child's neck with a solution of one part of Jensen's pepsin to three parts of distilled water, hypodermically. The injection was repeated five times, when the cure was complete. He says: "reports of cases are at the best dull reading, and moreover are more dull to write, therefore I will not burden the busy reader with the details of my notebook. Yet, as to the matter of proof, I will submit something in the way of items. (1) Recurrent carcinoma, as large as a hen's egg, seated in the right side of the inferior maxilla; suppuration excited by injection, and the tumor diminished to size of a hazelnut. (2) Another carcinoma of same size, situated in the right breast of a woman; suppurated after seven injections; and in the course of a month the residuary nodule was scarcely as large as a marrowfat pea. (3) A primary carcinoma of the size of a turkey's egg, situated back of the ear of a young man, was treated in the same way to one injection every twelve hours; after twenty-one injections suppuration took place; ultimately an entire disappearance of the tumor. (4) Subcutaneous nevus, angle left eye; child; size of filbert;

suppuration avoided only by occasional injections; after four months, reduction complete save the clot. (5) Interstitial fibroid of uterus; needle introduced through the vagina; anaesthetic employed; after several injections all accompanying symptoms removed, and the cure was considered complete."

Diphtheria Treated by the Galvano Cautery.—In a recent editorial discussion of this question, the *Therapeutic Gazette* formulates the following conclusions:

1. The galvano-cauterization of the diphtheritic membrane produces no pain, or only a minimal one.
2. The thoroughly cauterized part is rendered absolutely sterile, and forbids the development of microbial life.
3. Fever appears soon after the cauterization.
4. No inflammatory secondary effects set in.
5. Every physician is able to execute the cauterization, even without an assistant.
6. No constitutional medicinal treatment is needed in addition to the cauterization.
7. Though the statistics of diphtheria cases thus treated are, of course, yet very limited, the thousands of ulcers of the cornea treated and cured in the same manner allow of very favorable prospects regarding the treatment of diphtheria with the galvano-cautery.

Effects of Carbolic Acid.—A case reported in the *Peoria Medical Monthly*, by Dr. C. L. Whitmore, describes unusual results from the accidental application of carbolic acid externally. A young farmer spilled a bottle of the pure acid in liquid form over his back, and, as he neglected to wash it off for some time, quite an extensive burn was produced. The sore gradually went through all the process of healing, but before it was quite well, about six or ten days after the accident, he began to experience strange, prickling sensations in and close to the wound. The severity of these symptoms gradually increased, and they spread with moderate rapidity until the whole surface of the body, from crown to foot, was more or less affected. It was as if ten thousand needles were slowly pushed up to their eyes in the different portions of his flesh, then deliberately withdrawn only to be again thrust in. This pain finally became so intense and aggravating as to keep him continually scratching, first one place then another. He would dig and tear at his flesh with great fury. Nothing seemed to appease him. I do not recollect of ever before having seen any greater mental and physical distress. He could not sit down even for a minute, and night and day, for eighty-six consecutive hours, he did not sleep a wink, but all that time was running up and down his fields. In this way alone, in the constant movements of his body, could he get the least repose, and even this was only partial. His wife placed his food (chiefly bread and butter) on the corner of the table, and, when hungry, he would rush in, pick it up, and then rush out again as though possessed of a thousand fiends. Loss of sleep, together with the intense pain, made him almost crazy. Yet, amid it all, his mind was clear, his conversation rational, his temperature normal; but his pulse and respiration were both hurried (probably from exercise); his appetite ferocious, and in one week he lost ten pounds in weight. There was no eruption of any kind on his body. The symptoms were

gradually relieved by hypodermic injections of morphia and atropia, and by topical applications. The itching continued altogether about four months.

The editor of the *Medical Visitor* (from which we copy the above) remarks that in a proving of carbolic acid made with the sixth potency a very decided itching of the skin was observed by several persons—and this long before poisonous doses of carbolic acid were known to produce itching.

Educational Overpressure of Young Children.—At a meeting of the West London Medico-Chirurgical Society, reported in the *Brit. Med. Journal*, Dr. Clippingdale said that the cases, twenty-three in number, had occurred among ninety-five children of school age, and came under his care at the Kensington dispensary. The symptoms attributed to overpressure were sleeplessness, giddiness, vomiting, noises in the ears, nervousness, and loss of appetite, with consequent wasting. The youngest patient was 3, and the oldest 19, years of age. The symptoms indicated a venous congestion started by stimulation of the brain, and assisted by the bent posture of the child at school. The causes were mainly two—overteaching and underfeeding. All pressure should be removed from both teacher and the taught, and a child should be provided with a frugal breakfast.

Photographing Sick Persons.—It is stated that most of the French hospitals have now a photographic studio attached to the premises for photographing the patients at different times. The rapid dry-plate process is employed for this purpose, and there has been devised an electrically operated camera, which is found very useful in obtaining a series of views in rapid succession. Certain classes of patients are photographed on their entry into the hospital, and at regular intervals thereafter. In cases of hysteria, for example, it is said to be interesting to note the original contractions and compare them with succeeding ones, the photographs being all placed in an album for study of the disease, and for comparison with others taken from other persons. In this simple and convenient way, the leading features of the ailment are made recognizable. The new printing processes also enable these photographs to be copied and distributed to other hospitals and medical men.

Treatment of Hysterical Paroxysm.—“Ruault, of Paris, has found a successful method of treating hysterical paroxysm by forcible compression of some superficial nerve, especially at its point of emergence, particularly the supra-orbital. The head of the patient is fixed with both hands, the thumbs being applied over the supra-orbital notches, where they are made to exert steadily increasing pressure. The effect is as follows: The patient begins to twitch the facial muscles, she shrieks, two to four short inspirations occur; the thorax remains a few seconds in the condition of inspiration, simultaneously the muscles of the back contract, extending or hyper-extending the spinal column; then follows a deep expiration, the muscles relax, and the fit is over. In many cases the compression must be repeated, as the fit recurs. The method is more efficacious the earlier it is applied after the commencement of the fit. Ruault succeeded by this method in arresting an attack of hysterical dyspnoea with threatening asphyxia, and in the same patient an attack of delirium with hallucinations.”—*Abbeille Medicale*, No. 42, 1885.

The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

EDITORS:

EGBERT GUERNSEY, M.D.

ALFRED K. HILLS, M.D.

Business Communications should be addressed, "Publishers, 526 Fifth Ave.," and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE, 526 FIFTH AVENUE, NEW YORK.

NEW YORK, JUNE, 1887.

"A SIGN OF THE TIMES."

A DIFFICULTY has recently arisen in the Children's Homœopathic Hospital, in Philadelphia, of so grave a character that, as we learn from Philadelphia papers, the medical staff presented their resignations, which were accepted. The cause of the trouble, it is stated, arose from the fact that the medical staff did not in their use of drugs confine themselves strictly to homœopathic *medication*. The managers informed the staff that the hospital was incorporated for the purpose of ascertaining the true value of homœopathy in the treatment of children, and that the physicians, when drugs were needed, must confine themselves to homœopathic medication. The staff denied the right of the managers to dictate to them the treatment, claiming it rested solely with their own judgment, and being thus directly in antagonism with the managers unanimously sent in their resignations which were promptly accepted.

The *Medical Register* refers to this movement as "*a sign of the times*," and draws from it some reflections in which there is more truth than poetry, and which are worthy of careful attention. The *Register* says in its comments:

"Here we have the rather unusual spectacle of a conflict between two parties, both of whom were right, and yet whose difference was irreconcilable.

"The hospital is not incorporated as an institution to furnish medical aid to sick children, but to test the truth of the tenets of homœopathy.

Whether the children live or die is immaterial, and altogether extraneous to the scientific question whose solution is the sole object in view. Hence, the managers are quite correct in demanding that the test must be perfectly fair, and not vitiated by the introduction of other agents than those strictly homœopathic.

"But with the physician the case is different. He undertakes to do his duty by the patients confided to him; and that duty consists in the use of the most suitable measures known to him to restore them to health. Between his duty to his patient and his adherence to a tenet he must not hesitate a moment to give the preference to the former. However devoted he may be to homœopathy, if he knows a remedial agent which is better suited to the diseased condition before him than the homœopathic remedies, it is his bounden duty to use what is best for his patient. Consequently, as honorable practitioners, there was no other course left open to them but to resign, and leave the field to men more bigoted or less scrupulous.

"But, all the same, this controversy has sounded the knell of homœopathy, as an exclusive system of practice.

"Nobody, as far as we know, has ever denied that the principle of homœopathy, or that of substitution, is not applicable in some instances. But from that small premise to deduce the conclusion that all medication not based on that principle is wrong, is irrational, and contrary to fact.

"Nor is the use of infinitesimals deducible from the homœopathic principle, but is rather an after-thought, brought in to do away with the difficulties in the way of making homœopathy the *exclusive* system of treatment. With perfect consistence the regular profession has not hesitated to avail itself of the results of homœopathic observations whenever they have appeared of value. Why not?

"There is nothing in regular medicine to prevent its votaries from using sulphide of calcium with the homœopathist, hydrastis with the eclectic, lobelia with the Thompsonian, or the cold pack with the hydropathist. He may even take a flyer in faith-curing occasionally when the conditions are favorable. By none of these does he forfeit his standing in the profession, because all these, and everything else which is curable, is embraced in his system.

"But the moment he declares that he limits his use of remedial agents to a single system, as demanded by the managers of the hospital in question, he becomes an irrational enthusiast.

"The true homœopathists, those who pin their faith solely on Hahnemann, and who believe that

with him the medical art reached the last possibility of development, are few in number and rapidly becoming fewer. The others have no right to the name of homœopathists, because, by using any agents their judgments approve of, they stand upon the same ground as the regular physician.

"In the homœopathic journals we see but little of the former's work. The 'provings' are done; and there now remains but to separate that mountain of chaff from the infinitesimal atom of grain. The usual amount of abuse of regular medicine is still to be seen; abuse principally because the regular will persist in refusing to be allopathic, but will take all the good he finds in homœopathy, etc.

"From all which we infer the approaching extinction of this exclusive school, that since it has regularly equipped colleges and its members receive scientific education the mental vision of its votaries has broadened, and the more highly they are educated the less are they exclusively homœopathists. As to the value of the work done by this school it is too soon as yet to estimate. It is certain that it has done far more than eclecticism; that the change wrought by it is vital."

The time has passed for recrimination. Both schools have had ample time to learn some of the errors of the past and in the light of science to see that neither was all right or all wrong. The principles upon which are based the doctrines of the homœopathic school were promulgated within the ranks of the dominant school by one of their most learned physicians. His very position as a man of science should have entitled his views to a fair hearing and an impartial investigation. Had this been done the homœopathic school, as a distinct school, would never have existed. Here was the first great mistake of the Old School in reference to homœopathy, the attempt to crush out an honest spirit of investigation, to shackle freedom of thought, using in accomplishing their purpose the force of combined strength in iron bound codes and social ostracism? We remember in those early days the very fact that a physician was investigating homœopathy laid him open to suspicion, and homœopathic prescriptions were almost sure to be followed by a notice that he was expelled from medical societies with which he was connected. We recall the fact that one of the most brilliant teachers and ablest gynecologists

this city or country has ever produced, Dr. A. K. Gardner, was expelled from the county society for visiting in consultation the wife of an old classmate and friend, on the ground that this old friend was a homœopathic practitioner, and that to consult with him or show him any professional courtesy was contrary to the rule of the society. This action of the society absolutely killed the man. His practice, as a specialist, depended almost entirely upon patients sent to him by his brother practitioners, and as these refused to consult with him, so long as the ban of the society was on him, one of the largest professional incomes in the city dwindled to almost nothing. As he lay in his coffin, a brilliant career cut short in its prime, crushed and broken-hearted, a messenger of the county society brought an order that he was reinstated in the society, and that after these long weary years the ban had been removed. This was the spirit which in those early days drove the pioneers out from among their old associates with whom they would have gladly remained, leaving them no other course but to form associations of their own. And just here was the first great mistake of the homœopathic school, the adoption of a sectarian name, thereby restricting their freedom of thought and of action.

The Old School has long since renounced the distinctive principle of Galen, that of *contraria* (which for centuries dominated in the medical world) as an exclusive principle of therapeutics, and claim that as physicians they have a perfect right to all there is good in homœopathy or in any other school of medicine. Their daily practice, their journals and their books show the truth of this statement, for their most advanced literature is filled with facts, hints and suggestions culled from homœopathic sources. They do not deny that they get facts wherever they can find them, utilizing them in their profession according to their best judgment, and justly claim their perfect right to do so on the ground that they are physicians and the whole field of medical literature is open to them. There would be no objection to this position had they the professional courtesy to acknowledge the source of their information. We do not believe there are

half a dozen physicians, either in New York or Philadelphia, who to-day are in their practice strict Hahnemanian's and whose prescriptions of drugs are solely and entirely homœopathic. We do not believe there is a single member of the faculties of the so-called homœopathic colleges in New York and Philadelphia who do not almost daily administer remedies which in no sense can be called homœopathic. In name they are sectarian, fighting with all their force for a name which binds them to exclusive practice, and yet in the sick room unsectarian, broad and liberal, bringing to their aid facts and suggestions culled from a large reading of the literature and experience of all schools.

Dr. T. F. Allen, at one time one of the most enthusiastic apostles of so-called high dilution homœopathy, which he now admits is unreliable and delusive, in a speech at the alumni dinner of the college of which he is the dean and professor of *materia medica*, said in substance, in speaking of the college, its hopes and prospects: It is the aim of the college to make a university, not a medical college where only one branch or department of medicine is taught, but a university where all of medicine is taught. In such a university homœopathy would be taught, but it would constitute only a part of the course of study. We do not hold that homœopathy is the exclusive and only law of healing. It is the most widely and generally useful, but not the only guide in the treatment of the sick, and what we want is a medical university where all medicine can be fairly and impartially taught. These are precisely the doctrines for which THE NEW YORK MEDICAL TIMES has always contended, and the applanese of the large and intelligent audience who listened to their terse and vigorous enunciation was indeed "a sign of the times." A college which never forgets that science is progressive and whose doors are thrown wide open to the most searching and scientific investigation, conducted by men of ripe thought and sterling honesty, will receive the commendation of the advance men of all schools. Thus far the large audience, alumni and friends of the New York Homœopathic Medical College, who gathered around the festive table at Delmonico's, and applauded to the echo the sentiments of the dean,

thoroughly endorsing them as their own, are in hearty accord with the teachings of the MEDICAL TIMES, but when the speaker, after picturing in such glowing terms the university of the future, concluded with "The charter of the new college will read the New York Homœopathic Medical College and Hospital," we most respectfully ask, Does a homœopathic university carry out precisely the idea which we would naturally have of a medical university? Would not the very name cramp its action and restrict it to a certain line of teaching inconsistent with the breadth and scope of a genuine university? It strikes us that an institution in which not a single professor confines himself in drug administration to homœopathic therapeutics, which claims to represent a school of which scarcely a member believes that the law of similar is an exclusive law of cure, and which aims to keep pace with the progress of medical science, as pictured by the dean, not only stultifies itself but justly draws upon its action the charge of inconsistency by working under a flag whose very name stamps it as sectarian. We need societies for investigating and careful study of special lines of thought. Most of the real work of science is brought out by these societies, but it seems to us the time has come when these societies will do more good and accomplish larger results by working with the freedom which only comes with the full liberty of impartial investigation.

AN ABUSE of confidence is noted by the *Drug-gist's Circular*, in the case where the discoverer of a wonderful preparation, possessing all the good and none of the bad effects of quinine, succeeded in getting the endorsement of some of our most prominent colleagues! These physicians, after careful tests, certified in the most elaborate manner that this "greatest wonder" would reduce temperature quicker and better than any other known remedy, and that it was in many ways superior to quinine! Science has, however, received a set-back, for the manufacturers of this "greatest wonder" have changed the formula, and continue to use the same testimonials! This affair shows how important it is to be cautious in endorsing agents, the composition of which is unknown.

STATE PREVENTION OF ALCOHOLISM.

M. ALGLAVE, a well-known chemist, has lately delivered at the Paris Sorbonne, a most interesting lecture, which we find reported in the *American Practitioner and News*, on the evil effects of alcohol. He commenced with the statement: That of one hundred individuals affected with mental alienation, forty were alcoholized. Half of the murderers were alcoholics or the sons of alcoholics. Delirium tremens kills two thousand two hundred persons yearly. Phthisis, often consecutive to alcoholism, commits greater ravages than cholera. After drawing this melancholy picture the lecturer put the question: "Has drunkenness really increased?" To which he answered, "No, but the liquors have changed." Formerly people got drunk only with ethylic alcohol extracted from wine, now it is with amylic alcohol obtained by distillation from potatoes, beet-root, rice, Indian corn, etc., that is to say, alcohols containing principles eminently toxic, which rapidly poison the subject submitted to experiment, and which alcohols are, by a sort of irony, termed "superior alcohols." To poison an animal with pure ethylic alcohol it requires as many times seven grams, seventy-five centigrams, as there are kilograms in its weight; whereas, with pure amylic alcohol it would not take more than one gram, ten centigrams per kilogram. In other words, supposing a man weighing eighty kilograms, it would require six hundred and twenty grams of ethylic alcohol to kill him, while with amylic alcohol it would take only eighty-eight grams. These figures prove that people now become alcoholic with seven times less liquor than formerly. To render these figures still more eloquent, and to convince his audience of the enormous difference there is between what is termed superior alcohol and ethylic alcohol, the lecturer performed some experiments in their presence, by injecting into the veins of living animals the two kinds of alcohol, in order that the audience might be able to witness the comparative results, and to draw logical deductions as to their terrible results upon man. Two guinea-pigs were the first victims. The one received a feeble dose of ethylic alcohol, the other an equiv-

alent dose of amylic alcohol. This operation, observed the lecturer, consists in putting (a little more rapidly, it is true,) in the bodies of these animals that which a million of men put in their bodies each day in Paris. The guinea-pig intoxicated with ethylic alcohol remained quite lively, and seemed to be quite gay. The guinea-pig intoxicated with amylic alcohol, on the contrary, appeared as if struck down by lightning. The paws refused to move almost immediately after, and the animal died in a few minutes. The experiment renewed on dogs gave the same results, that is to say, vivacity of movements persisting in the dog treated with ethylic alcohol, and pronounced stupor in the dog treated with amylic alcohol. A dog injected with "absinthe," less than one centimeter cube, died after an attack of furious delirium. Having thus demonstrated the baneful effects of excessive indulgence, Professor Alglave next described the efforts to restrain it. There are temperance societies of various sorts; there have been female crusaders praying and singing in drinking places. Drinkers would leave, perhaps driven away by the dreadful singing, but to return the next day. It was also tried to render drinking more difficult by restrictive legislation, lessening the number of drinking places; but all these devices have failed. Attempts to enforce total abstinence result only in propagating secret drinking and stronger beverages. Restrictive legislation has been just as ineffective, as is proved from the official records kept in Holland and Switzerland, the only two countries in which complete data are obtainable. The records show that the districts having the fewer drinking places are just those presenting the larger number of alcoholism cases. Two shaded maps for each country, being projected side by side on the screen, demonstrated that alcoholism had increased almost precisely in proportion with the decrease in number of drinking places.

Then, what is the remedy? M. Alglave is of the opinion that man will drink notwithstanding all that can be done to prevent him, and he is convinced that the only way to lessen the evil is to allow the sale of no liquor or drink contaminated with the slightest trace of amylic alcohol. Thus, if drunkenness is not prevented, at least alcoholism

will be. To attain this result is not an easy task, still it is quite feasible. It is not sufficient to enact severe penalties against the sale of liquors containing amylic alcohol; such a course is even unjust to the retail dealer, who will pertinently say: If you chemists, with all your science and laboratories, require half a pint of the liquid and several days to test it, how am I to judge of its quality?

M. Alglave proposes a sort of mitigated State monopoly. The State shall supply dealers with chemically pure liquors at a stated price, allowing a fair profit, and deliver them in small bottles only that cannot be filled again. To prevent refilling there are several devices, one of which he favors, consisting of the affixing of a government stamp over the stopper, and the prohibition to have more than one or two bottles under way at a time. No dealer shall be obliged to purchase State liquor, but a pure article being easily procurable, severe penalties shall be inflicted for the sale of impure liquors. He will be punished, not for defrauding the revenue—that is a venial sin in the eyes of many—but for poisoning the people. Another advantage of this system is that it would yield an immense revenue, permitting them to lower the taxes on many things. Switzerland has substantially adopted its provisions; the new Swiss alcohol law, conferring the monopoly of the production of alcohol on the State, contains a provision that no substances shall be used in distilleries which are not recognized as wholesome. The colony of Martinique and Venezuela are going to do the same, and other countries are making inquiries with a view to study the expediency of this plan.

We heartily concur with the editor of the *Medical and Surgical Reporter* (from which we have borrowed a portion of the above statements) in recommending it to the advocates of temperance in the United States.

THE COLLAPSE of the Homœopathic Mutual

Life Insurance Company, of this City, is just what has been predicted for a long time by those who were in a position to know its financial condition, and its methods of conducting affairs. This latest failure marks another instance of

the downfall of sectarian designation, and it ought also to teach its votaries to conduct business upon business principles, and not upon sentimentalism! This institution had the misfortune, for its own welfare, to alienate many of its policy holders by its niggardly way of dealing, and this with the waning confidence of its friends, were the means of its ruin. Some months since the sectarian periodicals of this class attempted to put the institution on its feet, by announcing in glowing terms the occupation of its recently acquired premises, but this apparently did not restore that confidence which was necessary to save its life! This utter rout of policy-holders ought to teach a lesson of more than ordinary significance! But what of the stockholders? Well, they probably learned their lesson some time ago! Thus endeth an attempt at prostitution which has proved disastrous to all concerned!

RECENT STUDIES OF HYPNOTISM.

A LETTER from Paris, in the *N. Y. Medical Journal*, for March 19th last, treats of those unexplained phenomena which, under the name of mesmerism, remained so long the objects of simple curiosity and amusement, but which are now being submitted to rigid scientific investigation, disclosing how vast the field is and how many medical and social problems the study raises. Whether or not the use of magnets for transferring such symptoms from one patient to another will ever amount to anything of real value only time can show. At any rate, hypnotism, or "suggestion" to the hypnotized patient, is a subject of medical investigation that has attracted a great deal of attention recently among all classes in Paris, owing to the fact that its medico-legal aspect has come under examination. It is easy to see that it is possible for an individual to acquire an unlimited power of action upon another, so as to be able to impose his will upon him and cause him to do whatever he likes. If this can be proved, the sphere of legal responsibility will be greatly modified. Public opinion in France has been much moved by these matters, and the government was urged to appoint a committee to examine into the question. This was done, and the

committee held weekly sittings at the Salpêtrière Hospital. The committee was composed of magistrates and professors of mental medicine, with Dr. Brouardel, the Paris professor of legal medicine. The principal questions examined into were the following: Can a person cause another, when in a state of hypnotism, to sign receipts for money not received? Can a person, in the same state, be forced, against his or her will, to draw a will in favor of anybody?

The mode of experimentation was as follows: A female patient, Mademoiselle A., is forced into the lethargic sleep by pressure on a suggested hypnotic point, when, by slight friction on the forehead, she passes into the somnambulistic state. Professor Brouardel then approaches her and asks her if she will accept a loan of fifty francs. At first she refuses, but, on the suggestion being forced upon her, she gradually weakens, and finally consents to accept the offer. A stamped receipt is then drawn up with every possible legal precaution, and the patient herself is quite anxious that there should be no mistake about it. She then signs it, and Dr. Brouardel puts it into his pocket, but does not offer to give her the money. She is then awakened, and acknowledges that the receipt was signed by her, but cannot remember under what circumstances she was induced to sign it, or whether or not she got the money. Legally the receipt is quite valid, and, according to the present law, the holder of it could collect payment if the signer had any property or means of payment. In regard to the second matter, that of compelling a person to draw up a will in a certain way, the experiment was equally successful. Mademoiselle B. is plunged into the hypnotic state, and Dr. Babinski then tells her it is absolutely necessary for her to make her will at once, and in his favor. She objects at first, saying that she is too young to die, etc. This lasts about ten minutes, and she goes on to say also that she wishes to give her property to her mother and other relations, but, after persistent persuasion and keeping up the suggestion that it is better to give everything to Dr. Babinski, she at last begins to weaken, and finally accepts the proposition, saying that her property consists of about thirty francs that she has saved,

and that she has a ring, a brooch, and a pair of ear-rings. All this, her sole property, she then agrees to bequeath to Dr. Babinski, and the next Thursday is appointed for the signing of the will. A notary is to draw up the document, and she will sign it. Moreover, Dr. Babinski suggests to her to say nothing about it to any one in the meantime, and to say when asked that she acted of her own free will and consent, and that she was not forced to the act by anybody. The appointed day arrives, and it is noticed that the girl has been rather fidgety and nervous since early morning, and says she has something to do, but does not remember exactly what it is. On being put into the somnambulistic state, however, she remembers her promise, and, when one of the bystanders is introduced as the lawyer, she immediately draws up her will and gives all that she has to the doctor. This is duly witnessed, and then the lawyers of the committee question her as to whether she has been urged to the act. She replies that she has done it all of her own free will; that she knows she has a poor family, but she would rather give everything she has to Dr. Babinski. She says, however, that she is obliged to do so, but when asked for what reason, cannot tell. When she is awakened she repeats the same story.

These experiments prove the legal irresponsibility of these patients, for it is obvious that they can be made to commit many acts without knowing why it is that they are compelled, as it were, to do them. In his faculty lectures, this year, on rape, etc., referring to the question of the bearing of hypnotism on his subject, Dr. Brouardel said that he was not disposed to believe that suggestion could be used in the commission of criminal acts against the person. To be sure, the possibility of criminal connection in the mesmerized state was not exactly denied, but it must be taken into account that the female subjects must be entirely consenting parties before they are put into the sleep, and that it is probably impossible to get them into the sleep without their consent. Besides, there is no evidence that coitus can be accomplished without the patient's knowledge; indeed, it is often astonishing how much they do know and hear when in the trance-like state, as is

frequently proved in the hospital when some one is rash enough to make depreciating remarks, and is told of it pretty sharply when the patient awakes.

On the other hand, it seems not unlikely, if we may trust a cable dispatch from Paris to the *Herald*, that the study of hypnotism will prove a powerful aid to legal procedure, inasmuch as by sending criminals to sleep and dragging their secret from them while under this influence there would be little fear of judges condemning the innocent for the guilty. A theft in the hospital was found out in this way by Dr. Marie, for many years Dr. Charcot's assistant. The subject refused at first to tell where the stolen object was concealed. After a little diplomacy, however, on the part of the young doctor, who told the sleeping girl he was the young man from whom the card-case had been taken and not to fear telling him where it was, she gave the detailed account of having stolen it, and told where the card-case was to be found. Dr. Marie immediately went to the spot indicated, and, sure enough, there was the stolen article.

One of the curious sides of this matter is shown in the religious journal, *L'Univers*, which seems to see a terrible heresy in the study of hypnotism, and denounces the new science as "dangerous to morality." In his studies, M. Charcot called in the aid of instantaneous photography, and he has taken his patients in every phase and attitude of their complaints. Afterward, when the history of these maladies was hunted up, it was found that these attitudes were precisely those represented in certain ancient works of art. All who know M. Charcot know that he is something of an artist himself. He has a great taste for art, and every year, when traveling, he has visited old churches and museums. He has been struck at finding that old church paintings portraying the lives of saints and those who were supposed to be "possessed," represented exactly the appearances that instantaneous photography revealed in his hysterical patients. This idea was followed up, and long search proved that paintings by Andrea del Sarte, Rubens, Roselli, Van Noort, and many others of the old masters were simply copies from nature, faithfully representing the convulsions of

hysterical men and women. Some very curious examples of these "miracles" were certainly only manifestations of St. Vitus's dance or hysteria. So we fear that another of the world's cherished ideas is being decidedly undermined—whence the wrath of the pious sheet against M. Charcot and his fellow-workers.

THE OCCUPATIONS OF WOMEN AND OVER-PRESSURE

IN HIS inaugural address before the Sanitary Congress, recently held at York, England, Sir Spencer Wells spoke on the above subject as follows, according to the report in the *Lancet*, which we copy from the *Boston Medical and Surgical Journal*: "So far as concerns the mental and physical training of children, and giving women the option of other occupations than those of domestic life, I see no great cause for alarm. It is an age in which education, at any rate for the middle classes, must be pushed far beyond the limits which our fathers thought wide enough for us. Mere rule-of-thumb work is almost out of date, and there are so many industries in which scientific knowledge and exactness are requisite, that the want of early education cuts off a young man's chances for advancement. To engage in most of the recent applications of steam power, electricity, magnetism and chemistry—to be available in carrying out the complexities of engineering science—a workman must be something more than a mere machine. He must have head as well as hands, brain as well as muscle; and as uneducated brains are not worth more in the labor market than untrained muscle, we must be content to make some sacrifices in the culture. While we pity the few who fall in the struggle, we must remember that there is no chance for those who stand still. As for the outcry about the dangers from women taking up men's work, it is breath wasted. A great many failures will outweigh a few successes and bring the balance right. For my own part, I think women capable of a great deal more than they have been accustomed to do in times past. 'To suckle fools and chronicle small beer' surely cannot be the chief end of woman. If overwork sometimes leads to disease, it is more morally

wholesome to work into it than to lounge into it. And if some medical practitioners have occasionally observed cases where mental overstrain has led to disease of mind or body, I cannot deny that I also have at long intervals seen some such cases. But for every such example I am quite sure that I have seen at least twenty where evils equally to be deplored are caused in young women by want of mental occupation, by deficient exercise, too luxurious living and too much amusement or excitement. Again, we have heard much of late about over-pressure from work in schools. This is one of the novelties of our time. No doubt it exists, and I think it may in part be traced to some of our sanitary success. We have reduced the mortality of early infancy. Many children who would formerly have died off-hand are now saved, and find their way into the schools. They are the survivals of the least fitted. They live but they are not strong, not so strong as the average. They have to submit to the same routine, and to be forced up, if possible, to the same standard as the rest. But the effort is too much for them. Their frames are not hardy enough to resist the mental strain. They show all sorts of nerve symptoms, disappoint the teachers, and are the types brought forward as victims of the system. The vice of the system is that it is indiscriminate. There is no revision of the recruits, and the tasks are not apportioned to the feeble powers of sanitary survivors. This is an evil which will remedy itself in time by the growing up of a larger proportion of strong children, and the present difficulty may be got over by a little patience and moderation—a little more regard to sanitary logic. The children must have training before education, and must be put upon something even less than a half-time system."

JUST NOW in France the thing most in vogue is what is called hypnotism. It is not a new discovery. It was known to the ancient Egyptians, and familiar to the still earlier dwellers on Oxus and the Ganges. It has had many names and many transformations. Toward the close of the last century Mesmer thought it a discovery of his own, though he might as reasonably have claimed the invention of the Witch of Endor.

Indeed, the last named personage is held by some modern authorities to have been an expert in hypnotism, and to have imposed upon Saul a suggested hallucination. The new fashion, however, has inevitably attracted the utilitarians in France, and a recent dispatch relates how hypnotism has been harnessed to make money for the purveyors of recreation to the Parisians.

The proprietors of the Folies Bergères have conceived the notion of introducing an exciting spectacle, in which a hypnotized girl and a number of lions in their normal condition should furnish a new kind of stimulus to jaded nerves. The young woman was hypnotized, taken into the lion's den, and used in various ways apparently to tempt the animals into attacking her. We may expect to see the practice introduced into our own country before long. It would be just as excusable to take from a hospital some patient in a trance or catalepsy and expose him to the lions as to play these pranks with a woman under the influence of hypnotism. This influence paralyzes will and body together. The patient is irresponsible, utterly helpless and defenseless. Clearly no tricks ought to be permitted with any one in such a condition, and least of all such perilous ones as are proposed at the French place of amusement.

THE "DISTINUNCTIVE TITLE."

The following is an extract from a letter received recently from a most esteemed correspondent, and one who is of the highest standing in the "Homœopathic School" of medicine. He says:

"I have a high regard for the *Times*, and read much of its matter, considering how little time I have for reading at all, and my choice articles are the editorials. With all good wishes for you in your work in the cause of the profession at large, and of humanity, and with kind regards, I am, dear Doctor, very truly yours."

It is a real pleasure to receive such a respectful letter, and we take the liberty of making it public although not intended for this purpose by its author. As we have often said before, we are glad to receive, and when practicable will print,

articles, regardless of whether we agree with the views expressed in them. We do not expect our readers to agree to all we have to say, and in turn we must ask that we shall have the right of independent judgment the same as we accord to others. Our correspondent has done us the justice to acknowledge our honesty of purpose, which is a satisfaction to one who is working only for truth!

From the numerous letters we receive, the following is a fair sample, which comes from a graduate of Hahnemann Medical College, of Philadelphia, and a man of excellent standing and reputation:

"I take great pleasure in renewing my subscription to your journal, because it is the only journal of the seven that I take whose ethical standing is similar to my own, *i. e.*, an advocate of liberal medicine, and still a believer in homœopathy."

A S TO HOW A GREAT SURGEON MADE HIS WAY.—Dr. Battey, in his address before the Atlanta Society of Medicine, said to the younger gentlemen present: If you will allow me to drop a word in your ears, if you want to succeed in life—in professional life, I mean—don't be too careful when a call comes to you to inquire into the circumstances of your patient, whether he is able to pay or not. Don't be too careful to prune closely at the outset and trim your practice into influential patients only, and all that sort of thing. Try to infuse within your own heart and soul a true spirit of benevolence, love of your kind, zeal for your profession, anxiety to relieve human suffering, and if you pursue your mission with your whole heart, with true earnestness of purpose, *somebody* will find it out, and it will not be a great while before a great many people will find it out, and they are not going to let you starve. That sort of men is too scarce to let starve. They don't starve in America. They can't be spared. If you want to be sure of your bread and meat, and provender for your horse, and something for the blacksmith and carriage man, take that recipe and try it awhile. I think I can say confidently, gentlemen, from the very first day that I practiced medicine it has been a rule

with me to take no thought for the morrow, what I should eat, wherewith I should be clothed. Consult the interests of your patients. Try and get them well in the shortest possible time, and somebody will clothe and feed you, and you will have an established practice and an established reputation. You will have the support and confidence of the community in which you live.

THE SOCIETY for mutual autopsy commenced its existence in Paris in the year 1876. No balloting or elaborate system is necessary to become a member. A proper introduction with a fee of 5 f. suffices, and an engagement to will your body to the society for the purpose of dissection after death. In order to prevent the friends and relatives of the dead from frustrating the intentions of the testator by disposing of the corpse in the usual manner, a proper legal form has been drawn up and inscribed in the rules. This society, which consists of about 200 members, a dozen of whom are ladies, contains among its members many men eminent in the medical world in Paris as well as distinguished in science and art. The theory of the founders is, that in consequence of the difficulty of obtaining for post-mortem examination any other subjects than those of the lowest classes, whose faculties are naturally warped or otherwise undeveloped, much benefit must accrue to science by an opportunity being given for the dissection of persons of cultivated understanding, and particularly by making observations on the brain. Between twenty and thirty of the members of this society generally dine together once a month at a restaurant near the halles, where they pass a congenial evening, although there is a touch of ghastliness in the gathering. When one of their community is missing from the banquet, instead of lamenting his departure, every one listens with rapt interest to the surgeon's explanation of the post-mortem examination he has made.

Puppies' Bites.—At an inquest held recently on the body of a boy who died of hydrophobia produced by the bite of a retriever three months old, it was stated in evidence that bites from puppies were worse and more dangerous than from old dogs—a fact, if it be a fact, by no means so generally known as it should be.

BIBLIOGRAPHICAL.

PUBLICATIONS OF THE MASSACHUSETTS HOMEOPATHIC MEDICAL SOCIETY, 1886. Vol. IX., pp. 186.

The volume contains much interesting matter, as usual. Under the caption of *Materia Medica*, Dr. J. Heber Smith has an article on Antipyrin in fever, in introducing which subject he says that the society "has set itself free, as I understand its amended constitution, to know everything that promises to be useful to humanity in the whole range of medicine!" In behalf of progressive medicine the society is to be congratulated, and perhaps after a while the members may realize that it will be wise to go farther and abandon their distinctive title, which, under its "amended constitution," seems utterly improper! We quite agree with Dr. Smith in his estimate of such agents as antipyrin and that we should not be lured away from our well-proved drugs by any such substitutes!

PUBLIC HEALTH. The Lamb Prize Essays Award made at the Thirteenth Annual Meeting of the American Public Health Association, Washington, D. C., Dec. 10, 1885. With an Appendix. Second Edition, pp. 198. Octavo.

This volume contains four valuable prize essays, and has been prepared for the express purpose of placing the essays in a form suitable for the library, and with the hope that it may find its way into the hands of every family. It may be had for a small sum by addressing Dr. Irving A. Watson, Secretary, Concord, New Hampshire.

EARTH AS A TOPICAL APPLICATION IN SURGERY. By Addinell Hewson, M. D., Philadelphia Medical Register Company, 1887.

Dr. Hewson is an enthusiast in the use of earth in surgical dressings, and gives in detail nearly one hundred cases where he has used it with great satisfaction. The work concludes with an able discussion as to the effect of the contact of earth with the parts; effects on the pain naturally incident to the case; its power as a deodorizer; its influence over inflammation; its influence over putrefaction, and its influence over the healing process.

LOCHMAN'S DOSE AND PRICE LABEL BOOK. Published by C. L. Lochman, Bethlehem, Pa. In paper cover, \$1.25. In flexible muslin, \$1.50.

DURING the six days' session of the Ninth International Medical Congress, the *Medical Register*, of Philadelphia, will be issued daily, and will contain a complete report of all the general session and of all the sections.

SOCIETIES.

DISCUSSION OF HYPNOTISM; OF DIPHTHERIA AND CROUP; OF EPIPHEGUS VIRG. IN HEADACHE, AND ON INTUBATION OF THE LARYNX.

A joint meeting of the Homeopathic Medical Societies of Albany and Rensselaer Counties, was held on the evening of May 10th, at the office of Dr. H. L. Waldo, in Troy, with a large attendance, the president, Dr. H. M. Paine, in the chair.

The subject presented for consideration was embodied in an able and exhaustive article on Hypnotism by Dr. W. F. Robinson. Its discovery by Anthony Mesmer and early history were referred to. Also its nature and principal phenomena as developed by later experimentors, the most prominent of whom is the renowned Professor Charcot, of Salpetriere, at Paris. A number of cases of the clinical application of this principle were presented and its probable value as a therapeutic agent was discussed. The conclusion arrived at by the essayist was that Hypnotism might be of service in the treatment of certain nervous diseases, and also in the production of anaesthesia in surgical operations and in childbirth, but that caution would always be necessary in its use on account of the powerful effect which it sometimes exerted over the nervous system.

In discussing the paper Dr. Van Alystrel related some interesting experiments performed on himself by his own room-mate. His friend could always put him in the hypnotic state by a few passes of the hand, and he was then so entirely in his control that when told by his friend that he could not tell his own name he was unable to do so. He described the feeling as very unpleasant but followed by no bad results except a slight sense of fatigue. The subject of Diphtheria and Croup which was under discussion at the last meeting was again brought up and numerous opinions and experiences were given by the members.

Dr. Coburn gave his experience in the treatment of these diseases at some length. He thought very highly of kali. bi. apis and some of the preparations of mercury. The cyanidi of mercury he considered of no value. In giving the protiodide he always pushed it until the characteristic diarrhoea of soft yellow stools was produced. When this condition was brought about he felt safe in assuring the family that the child would recover. He considered the bromine spray of great value, but called attention to the fact that even when given by means of the steam atomizer it was practically a cold spray, for the finely divided particles, owing to the rapidity with which they lost heat, were quite cool by the time they had reached the throat. This fact any one could easily verify by simply directing the spray into their own throat. It would be found to possess only a slight degree of warmth. The doctor reported a very severe case of false croup cured by the inhalation of steam used in the following unique manner:

Cloths wrung out in hot water were placed over the patient's neck and chest, and the bed clothes were then drawn up to the eyes so that the patient was compelled to inhale the steam arising from the cloths. The relief obtained was immediate and striking and the disease never returned after the hot applications were first put on.

On being asked his experience with alcohol in the treatment of diphtheria and croup, he went on to say that although it undoubtedly destroyed the germs of disease yet it had to be used so strong in order to accomplish this, that its irritating effect was very annoying, often causing an inflammation of the whole mouth and throat.

Dr. Benson thought that the bromine spray applied by means of the steam atomizer was superior to anything else in the treatment of these diseases.

In cases of threatened heart failure occurring as a complication he had had excellent results from digitaline, 1-100 grain for an adult and a proportionate dose for a child. It stimulated the enfeebled heart to more powerful action, taking the place of the large quantity of stimulants otherwise required.

Dr. Schwartz related three cases of chronic headache

cured by epiphegus virg. One case of particular interest was that of a man who had had headaches on an average of two a week for a number of years. He commenced taking the remedy a month ago, since which time he had had no return of the headaches.

Dr. Robinson also reported a case of headache in which the remedy had given good results.

Dr. Waldo presented for the inspection of the society a set of O'Dwyer's instruments for the intubation of the larynx, and reported several cases.

The doctor spoke well of the operation and emphasized the fact that even if it did not save the patient's life, the relief which it gave from the agonizing dyspnoea made it well worthy of trial.

CORRESPONDENCE.

"RETROSPECTIVE" AGAIN.

The April number of *THE TIMES* contains your remarks on my former letter "Retrospective." I had just read this when the mail brought me a letter from my father in London, England, containing a slip cut from one of the leading daily papers published there. As it shows the hostility that exists at present towards the New School of medicine in that benighted country, I take the liberty of quoting it: "Dr. Thomas Hawksley, Dr. W. Cholmeley, Mr. F. Carr Beard, F. R. C. S.; Mr. R. Featherstone Phibbs, M. R. C. P.; Mr. Julian Willis, M. R. C. P.; Mr. Robert Valford, M. B., and Dr. Scudamore K. Powell, have resigned their appointment on the staff of the Infirmary for Consumption, Margaret street, in consequence of a vote of the governors, at a recent special general meeting, which enabled professed homoeopaths to hold office on the medical staff. In a circular which they have addressed to the executive committee and governors, these gentlemen state that 'they feel that this new departure is equivalent to an abandonment of the doctrine and practice of established medical science sanctioned by the most learned professors and schools of medicine throughout the world,' and they consider that the acceptance of the resolution 'would be a betrayal of honor unworthy the members of the noble profession to which they belong.'

This is very much unlike the liberal spirit of Gerard Smith, M. R. C. S., whose article you quote in your April number.

Now, Mr. Editor, do you think that the appointment of educated physicians of the New School on the medical staff of a hospital should "infuriate" the Old School gentlemen "as a red flag does a mad bull," to use an expression of your own? Depend upon it, sir, that just as soon as the Old School gentlemen will acknowledge where they obtain many of their "new" ideas over *materia medica* from, and give Hahnemann and his followers credit for knowing something, there will be no necessity to urge us to "drop the distinctive title." So long as men will not learn we must expect to have two schools. It is in the success of the two schools where the trouble comes.

Do you consider it good practice to give opium and injections of tannic acid into the rectum for dysentery?

That is what some of the Old School men are doing to-day, in St. Louis, and the patients die.

I know a good many Old School men, and without one exception they will take from us every act of kindness, in a professional way, without giving one in return.

We must have liberty on both sides, Mr. Editor, before there can be union; and as a means of bringing this about I believe that all that is now known on the subject of *materia medica* should be taught in every medical college in the country; depend upon it there is a dense ignorance on the subject of Hahnemann and his writings amongst nearly all Old School students at the time of graduating, and with the majority even afterwards. Gerard Smith, M. R. C. S., is certainly an honorable exception. We need more Smiths of that kind. Yours fraternally,

W. JOHN HARRIS, M. D.

[Our correspondent knows, as well as we, that the use of the term "homoeopathic" is considered by the whole world, outside the sect which it distinguishes, as in bad taste and degrading to all who use it. Now when we know this fact, is it doing as we would be done by, to keep up the objectionable feature, especially when that is the only point of difference? Drop the sectarian designation and individuals will get the credit they deserve, as discoverers, much more surely! Drop the distinctive title and *men will be more likely to learn* those principles which the "New School" desires them to know, than as matters are at present!

There are many modes in all "schools" of practice to which we would not give our sanction.

We believe in the individualization of every thing connected with the treatment of the sick! The application, according to *similarity*, is very important and of great service, but it should not be allowed to overshadow every other means of treatment!

We respect Hahnemann and his followers for just what they are worth, the same as we do all others, but we have no time for hero-worship!

Drop the distinctive title and the "Old School" physician will have no cause for complaint on account of the claim to *superiority*, which the distinctive title gives the appearance!

Drop the distinctive title and if the "old school" fails in its duty, we will be ready to do all in our power to compel it to do otherwise.—ED.]

HINDU SURGERY.

It was a common thing and still is, if I am allowed to use the expression, among the people of the West to denounce the Hindu Nation motherless, but it is a matter of much satisfaction and joy to see that nowadays the thoughtful portion of the educated people of Europe and America are taking into their serious consideration the grand philosophies and sciences propounded by Eastern sages. Although these subjects are termed by the Western savants to be mysterious, yet they do not regret having used their energies and thoughts to dive deep into the bottom to find out the truth. The Aryan (Hindu) literature, whether philosophical or scientific, if read and accepted without any prejudice in their true light, will lead a man through a path to that object which is the ultimate goal of every human being. The psychological subjects are not also absent from the health literatures of the Aryans; the intrinsic worth of this is not far to seek. The man or woman who wishes to be in a healthy state—physically, morally and intellectually—is actuated to be so to do his duty and to acquire good *Karma* (moral law of cause and effect) in order to live more peacefully and in bliss in his next incarnation, and in due course attain to *Nirvana*. As this subject is quite unsuited to your excellent journal, I

stop here lest you or your readers might take me to task for having introduced a foreign subject in this paper. The only explanation I would offer is that your motto is identical with that of ours; besides, we maintain "There is no religion higher than truth," and to approach that grand truth which is our state of *Mukti* (salvation) one should be physically, morally, intellectually and spiritually developed. In our *Shastras* it is enjoined that health should be looked to *first* before any one "embarks on a voyage" suited to his inclination.

As a proof that our forefathers were mental giants and were originators of almost all of the philosophies and sciences, I beg to say something on the Hindu surgery, and thus to show to our American brothers and sisters that our ancestors were versed in hygiene, physiology, anatomy and similar subjects.

The two principal works of Hindus on "healing arts" are *Charaka* and *Susrutha*; the one treats on pathology, botany, chemistry and medicine, and the other on physiology, surgery, anatomy, medicine, etc. The Hindu surgical instruments are about an hundred in number. Their descriptions, etc., and metals by which they are to be made, are given in the text, and we are surprised to notice in them many instruments used in European surgery. Among the instruments you will find those which go under the name of bone forceps, ear forceps, midwifery forceps, spatula, speculum probe, crochet, enema syringe, and several other instruments which you, as a scientist, would be able to compare with European instruments. It is true the latter are more perfect in their construction than those shown here, but it should be remembered at the same time that the Hindu science has been lying stationary for ages, and not only no improvement has been effected in it, but on the other hand much that we had originally learned has been totally unlearned; the reason is obvious.

The people who take pleasure to regard the Hindus a barbarous nation would very well take note, as it is an undoubted fact, that there was a time when our forefathers were pioneers of civilization throughout the whole world. At a time when other nations of the world were almost in a state of barbarism the Hindus wrought up a civilization perfect in many ways. It is only the other day that our present Viceroy, Lord Dufferin, in the course of a speech in Upper India, and about a week ago in Calcutta, said that the Western science was under a heavy debt of obligation to the Eastern science. What he said on these occasions were nothing new, but the fact is that the insular pride of Englishmen and other Occidentals stands in the way of their being disabused of the notion that India had no civilization of its own in ancient times. They have gone so far as to pronounce that the Hindus have nothing like a science of medicine even, and this opinion was once shared by persons no less eminent than Messrs. Wilson and Mill. But it is idle to refute assertions like the above, they are so utterly absurd.

I trust you will kindly find space for this letter in your journal. As you are one of the good friends of Hindus you will not deny us the pleasure to read in your journal, so very prized by thoughtful men and women, a small article on Hindu surgery.

Yours faithfully,

RAJ COOMAR ROY.

JAMALPUR, January, 1886.

The truth about cocaine, says Dr. C. H. Hughes, is that it is a tonic and stimulating exhilarant of some power in melancholia, mental depression and nerve weariness; that

it acts rapidly, but more evanescently than morphia; that, excessively used, it intoxicates and converts melancholia into mania; that, given largely in the upright position, it is capable of widening vertigo, whether, as Dujardin-Beaumetz thinks, by inducing anaemia, is not proven; that, as an antidote and its effects, it is not equal to morphia; that it is not equal to morphia as a tonic in melancholia, or as a narcotic in certain states of nervous debility; that, in equal doses, it nauseates more certainly than morphia; that it is not an antidote to meconaphagism, though beneficial if judiciously used and timely abandoned; that it may be used, if carefully given, in the withdrawal of opium and the cure of the opium habit, as one of the many substitutes, but cannot alone be relied upon; that it intoxicates some persons and poisons them; that its continuous use is difficult to break off; that it is probably capable of developing permanent madness, like similar intoxicants, as a few doses occasion temporary insanity; that it is a dangerous therapeutic toy, not to be used as a sensational plaything; that it will probably help to fill rather than deplete the asylums, inebriate and insane, if it should unfortunately come into as general use as the other intoxicants of its class. As an intoxicant it is more dangerous, if continuously given, than alcohol or opium, and more difficult to abandon.

"HOMEOPATHY IS BUT A PART OF THERAPEUTICS."

In the *Medical Era* for April I notice the following editorial query: "Would it not be discouraging to our English colleagues if at this time the enemies of homeopathy in England should be able to announce to the people that in America, as a *system of medicine*, homeopathy was no longer known?" And a little further on: "To abandon our cause at this critical moment would be unwise and impolitic. * * * There need be no coalition between the two schools unless we prescribe the conditions. Those conditions should involve the just recognition, in name and in fact, of homeopathy as a *system of medicine*." (Italics mine.) In the same number of the same journal, under the heading "Miscellany," I read: "Hahnemann and his pupils pretended that homeopathy was the *whole* of therapeutics. This is a complete misconception of the case—homeopathy is but a *part* of therapeutics; this is a truth which has cost us many execrations from men in our own ranks, but is now held to be indisputable. The fact is, homeopathy cannot take the place of *palliative* medication; nor of *surgical* medication; nor of *antidotal* medication in cases of poisoning; nor of *parasiticide* medication, wherever clearly demanded; nor of medication by *mineral waters*, which often cures where other modes of treatment fail; nor of *hydrotherapeutic* medication; nor of medication by *electricity*; nor even altogether of *empirical* medication. Homeopathy is not everything, and liberal medicine must include all collateral modes of treatment." This paragraph is credited to "Jousset," but, being unaccompanied by note or comment, must be taken as expressing the opinion of your Chicago contemporary. In this opinion, doubtless, you thoroughly concur—in fact, it constitutes the logical basis of the position which you occupy—but then, if homeopathy is only a *part* of therapeutics, how, I should like to know, can it be justly recognized as a *system*? My dictionary defines a system as "anything formed of parts placed together"—consequently, a system of medicine (if Jousset and the *Medical Era* be correct) must include at least eight component and indispensable parts *besides* homeopathy! Now is it not manifestly absurd and

unjust to baptize the whole of such a vast and varied edifice by the name of one of its fragmentary portions, especially when we know not how many more additions it may be destined to receive? "Homeopathy is not everything"—then why should the name be insisted on, as if it covered everything? Hahnemann labored under "a complete misconception" with regard to his theories—why then are we called upon to bow down before his sole authority, as if he were a sort of medical Messiah? Will the *Era* please explain?

E. D. N.

ON CEREBRO-SPINAL MENINGITIS.

Several weeks ago I saw an extract from an editorial in the *N. E. Med. Gazette*, commenting on an alleged successful treatment for cerebro-spinal meningitis, discovered by a Swedish physician, and asserting that the Old and New schools had been alike utterly unsuccessful in this disease. Now, in the *Monthly Hom. Review*, for February last, there is an article by Dr. Madden, in which a case of "cerebral meningitis complicating croupous pneumonia" is related to have been cured by cuprum acet. To this is appended a note by Dr. Gibbs Blake, as follows: "My first case occurred in October, 1879. A lady, at 30, had a sharp attack of croupous pneumonia, which was going on well towards recovery when serious symptoms of cerebral meningitis, with effusion, showed themselves; rigid contraction of arms and legs, paralysis of the seventh cerebral nerve on the right side, complete unconsciousness, tongue brown and dry, and pulse and temperature high.

"As I gave a hopeless prognosis, the parents asked me to meet Dr. B., an allopathic physician, in consultation. We met, and he also gave a hopeless prognosis. I then said to him, 'As we both think this patient is going to die, you are justified in making an experiment with the law of similars; now, if this were a case of poisoning, what poison would be likely to have produced such symptoms?' It so happened that Dr. B. had been engaged in investigating the subject of copper poisoning in the neighborhood of some copper works; and he answered, 'The acetate of copper.' We agreed to give the patient 1-120th of a grain of acetate of copper every two hours, and to meet the next morning, with the full expectation of finding the patient dead. She was better, and in a week she was convalescent. I saw her a few weeks ago in good health.

"It is not often that we can get an allopathic physician to choose the remedy for a disease on *d priori* grounds so free from empirical considerations, but it affords a good example of scientific therapeutics and an apt illustration of the homeopathic principle."

Was the disease in these cases the same as *cerebro-spinal meningitis*? Because, if so, the *Gazette* would appear to have been very much mistaken, so far as homeopathy is concerned.

G. L. FREEMAN.

For the wants of the average practitioner we know of no journal of psychiatry and neurology, so practically serviceable as the *Alienist and Neurologist*, issued at St. Louis, Mo., under the able editorship of C. H. Hughes, M. D. Its chief merits, in our opinion, are (1) that it is not so much a journal for specialists as a special journal for general practitioners and advanced medical students; (2) that its chief aim seems to be to present clinical facts; (3) that it, thus far, has been independent in its relations and its criticisms; (4) that it draws with impartiality, yet with discrimination, from a wide scope of the advanced knowl-

edge and discovery of the day; that its contributors are of the best, and that all it presents to its readers is of real value and succinctly stated.

In the January and April numbers for the present year, we have from the pen of Professor Biandic, of Naples, Italy, a most interesting lecture on "The Origin of Language," and another on the "Disorders of Language;" a paper on the "Cortical Motor Centres of the Brain;" also (in connection with Dr. D'Abumde, of Italy, a paper on "Experimental Degenerations in the Brain and the Spinal Cord." Dr. Spitzka, of New York, tells students "How to Examine the Nerve Centres, Post-Mortem;" Dr. E. C. Mann, of New York, presents "The Psychological Aspect of Three Cases of Infanticide in Their Relations to Forensic Medicine," and relates his own experience in the treatment of "Dipsomania." Dr. Henry Howard, of England, considers "The Physiology and Phenomenon of Atmospheric Matter;" Dr. A. R. Moulton, of the Worcester (Mass.) Lunatic Hospital, writes ably and partially on the "Treatment of Melancholia," concluding with these words, embracing a fact too often lost sight of by those who have charge of the insane (the italics our own):

"Melancholia is peculiar, inasmuch as recoveries now and then occur after many years of illness, *which teach us that we should never give up hope*, but should on the other hand persist in the various lines of treatment indicated; * * * and we shall sometime be rewarded by seeing a seemingly hopeless melancholic shake off his dependency and return to an active and useful life."

The very important subject of "Female Physicians in Insane Hospitals, their Advantages and Disadvantages," is discussed briefly, but forcibly, by Dr. G. C. Paoli (as to their advantages), and (as to their disadvantages) by Dr. James G. Kiernan; while the editor, Dr. Hughes, gives us excellent articles upon "The Curability of Epilepsy and Epileptoid Affections by Galvanism and the Phosphated and Arseniated Bromides" and on "Neuritis Plantaris;" Dr. J. G. Kiernan treats of "Secondary Syphilis as a Complication of the Neuroses," and Dr. C. H. Shepard, of Brooklyn, N. Y., extols the merits of the "Turkish Bath in the Treatment of the Insane."

The selections in the departments of Psychiatry, Neurology, Neurotherapy, Psychotherapy, Neuropathology, Neurophysiology, Neurosemiology and Neuro-Anatomy present a choice collection of excerpts from a wider range of medical reading than falls to the lot of the average practitioner to enjoy, and the always fresh and breezy Editorial department is apt to be the first thing turned to.

The medico-legal aspects of many of the subjects treated of, also render this journal of value to the lawyer who desires to keep abreast of his own and the kindred professions; and the Sociologist finds in its pages much within his legitimate province in its discussions of alcoholism, meconium and other toxic neuroses, as well as of the pathology, treatment and management of inebriety.

No more welcome journal comes to our editorial table than the *Alienist and Neurologist*.

H. R. S.

Night Sweats of Phthisis.—Minyot reports that a hypodermic injection of two fluid drachms of ergotine half an hour previous to the expected appearance of the sweat will suppress it for a week or longer. The action upon the cerebro-spinal center is similar to that of atropine, but its effect in stopping the perspiration more marked.

TRANSLATIONS, GLEANINGS, ETC.

Learning From the Blind.—Dr. Moses J. Runnels, of Kansas City, in a paper on accurate diagnosis in uterine diseases, before the State Medical Society of Missouri, thought that the novice, after a sufficient practice in the study of the diseases of women, would be able to do with his fingers what before he could do only in an imperfect way with special tools. He had been greatly impressed some years ago by the skill displayed by the blind in the various branches of study and manufacture through their sense of touch alone, and he thought a gynecological surgeon might become so expert in the same direction that his eyes would not be required to make a good diagnosis in many cases. Too much dependence upon the speculum and sound would not do, and prominent medical men were cited as authority for their danger, and the disuse into which they had fallen. Oftentimes filaments of nerves would be caught in the cicatrix of an old laceration, frequently causing neuralgia of other portions of the body. The danger was in being misled by reflex nervous symptoms, and in this way many physicians made mistakes. The skillful gynecologist could not fail to detect any induration or fissures of the cervix the moment his index finger came in contact with its vaginal portion. The bimanual revealed the character of fibroid tumors. Since the bimanual or abdomino-vaginal examination had been so well taught, the diagnostician required no sound to denote the depth or position, or to ascertain mobility or condition. The theory of many gynecologists that nearly all the diseases of woman had their origin in this organ would not hold good in practice, and thousands of the sex were victims of the over-sanguine doctors who never learned the truth except by great blunders. In the beginning of every case an accurate diagnosis was the all-important thing. All over the country physicians were undertaking to diagnose and treat such diseases, and the mistakes made were so frequent and inexcusable that the title of doctor had been shamefully dishonored. It was a lamentable fact that not more than one doctor in ten could make a semi-accurate diagnosis in any of these cases. As homeopathic physicians they needed to study physical diagnosis and pathology more. He did not wish to detract anything from what they had done in *materia medica*, but he pleaded for more thorough work in these departments of medicine, which had been so much neglected, and in which so much could be accomplished.

Butter Substitutes.—In the May *Century* Professor Atwater, of Wesleyan University, begins a series of papers on "The Chemistry of Foods." From the chapter on butter and oleomargarine we quote as follows: "In a number of States in which the dairy interests are large, the manufacture and sale of butter substitutes has been prohibited by legislative action. In other States laws have been enacted to regulate their sale and prevent fraud. An attempt was made in Congress to check the manufacture and sale by taxation sufficient to bring their cost nearly up to that of butter. In the law as actually passed, however, the tax was very much reduced, so that while it may help toward preventing improper sale of butter substitutes and, by obliging sellers to pay high license fees, may considerably interfere with their general use, it will not be as effective in excluding them from the markets as was desired. This is a case where mechanical invention aided by

science is enabled to furnish a cheap, wholesome and nutritious food for the people. Legislation to provide for official inspection of this, as of other food products, and to insure that it shall be sold for what it is and not for what it is not, is very desirable. Every reasonable measure to prevent fraud, here as elsewhere, ought to be welcomed. But the attempt to curtail or suppress the production of a cheap and useful food material by law, lest the profits which a class, the producers of butter, have enjoyed from the manufacture of a costlier article may be diminished, is opposed to the interests of a large body of people, to the spirit of our institutions, and to the plainest dictates of justice."

Medical Cure of Glaucoma.—M. Panas recently submitted to the Paris Academy of Medicine a communication on the treatment of certain forms of glaucoma without operation. In the view of M. Panas, the myotics hitherto employed as palliatives may also play the rôle of curative agents; but to obtain favorable results their use ought to be prolonged. They should, in preference, be employed in the form of collyria. The two formulas usually employed by M. Panas are a solution of 1-26th of a grain of sulphate of eserine to the dram of water, or 1-12th of a grain of nitrate of pilocarpine.

The collyrium of eserine is always to be placed in the first rank.

The Esthetic Symbolism of Color.—In *Progress* for October, 1886, we find a learned and interesting article (copied from the *American Journal of Ophthalmology*) on "The Human Color-Sense," of which the following are the concluding paragraphs:

In accordance with our conceptions of the origin of our color-sense, there should be a natural association and symbolism of the different colors with the great classes of our emotional states. If a man himself is the concrete result of cycles of permanent reaction between organism and environment, then his visual sense must find its ultimate explanations in the same process, and, like them, look forward to extension and perfection, on the same lines as its development has followed. Now, upon looking within, it is not a little startling to find the great divisions of our psychical nature corresponding with the great associations and divisions of our color sense. It would be still more striking, if we were not now partially aware of the rôle color has played in the history and development of the mind. All objective existences are perhaps more vividly represented to the imagination as colored things, than in any other way, and their association with the woes and joys of man point to no fanciful symbolism but one which is quite as real and vital as the emotions whence he draws his mental life. Classifying the directions and methods of mental activities, we find them to fall naturally into four classes:

1. Those of the Passions, the emotions pertaining characteristically to the sensual life.
2. Those of the Intellect or Reason.
3. Those of Utility and Labor.
4. Those of his Spiritual, Moral and Religious nature.

These we find to correspond in an exact and specifically real sense with the four analogues of the chief colors previously set forth. Blood is the life—the nearest, most precious, and vivid of all things or thoughts. Golden light is next in its necessity and nearness to our daily life; of

green we are somewhat more independent, while blue is far away and beyond the reach of our earthly cares and wants.

The symbolisms of red are, therefore, perforce, those of the two great factors of history, War and Love. That only the brave *had* the fair, is much truer than that only they *deserved* the fair. The passions, therefore, which stir the blood and heart of men of action, the emotions of honor, vengeance, valor, love, friendship, protection, etc., these are the fitting homologues of the vigorous challenge of red.

In the same definite way the symbols of golden light apply as fittingly and restrictedly to the light of reason and intellect which, flowing over and through all the world's ways, alone promises that clearness of vision by which we can walk in the labyrinthine ways of crowding passions, necessities and duties.

But it is in the world of earth's verdure that man's daily life is cast, and among which he builds his home. This, with its cultivation and shade, its fruitage and various sustenance gives him occupation and rest, food and contentment. So in our psychological analogies, green may stand as the every day color of general background, of labor, of use, of home life, peace and rest.

Lastly, how appositely blue represents the spiritual life of duty and religion! Blue, derived from the changeless deeps of the arching sky—overcast, perhaps for a time, by the passing clouds or mists of mundane change and chance, but always still there, the same forever, the same by day or by night, distant and yet constantly watching over us, impersonal, yet ever in touch with our strongest passions and humblest utilities.

Whooping Cough.—Dr. Mohn, a Norwegian physician, claims to cure whooping cough by the inhalation of sulphur gas. The patient is taken from the bedroom to another room. During their absence every thing the room contains is arranged so that the fumes of sulphur can penetrate to all. Six and a half drachms of sulphur per cubic metre of air space are burned, and the fumes allowed to permeate the room for five hours. In the evening the child is taken back to the sick room and placed in bed; it awakes the next morning cured.

Hydrocele.—Mr. James Miller, in the *Lancet*, says he has cured four cases of hydrocele, in which simple tapping had been several times followed by a return of the effusion, by injecting into the sac, after the fluid had been evacuated, fifteen minims. of sol of corrosive sublimate, of the strength of one grain to the ounce of water.

Treatment of Recent Laceration of the Cervix Uteri. (Dr. Elwood Wilson, *Obst. Gaz.*, October, 1886).—Occasionally a tear in the cervix can be recognized immediately after delivery, but sometimes this cannot be done. The patient should always be examined ten or twelve days later. If lacerations be recognized immediately after labor, injections of corrosive sublimate solution, one to five thousand, with the insertion of an iodoform suppository, should be resorted to. The vagina should be irrigated every other day and the suppository renewed.

When the laceration is found within three weeks after delivery, the following treatment should be employed:

after the surface has been carefully cleansed and dried it should be painted with a solution of nitrate of silver, one drachm to the ounce of distilled water. From three to five applications, at intervals of five days, are usually required. In every case in which the author has tried this measure, six in number, the result was entirely satisfactory.

Diagnosis of Infantile Diseases.—In a recent number of *L'Union Medicale Du Canada*, Dr. Bradley gives the following summary of points on the diagnosis of disease in infants:

- (1). Congestion of the cheeks, excepting in cases of cachexia and chronic disease, indicates *an inflammation or a febrile condition*.
- (2). Congestion of the face, ears and forehead of short duration, strabismus, with febrile reaction, oscillation of the lids, irregularity of the pupil, with falling of the upper lids, indicates *a cerebral affection*.
- (3). A marked degree of emaciation, which progresses gradually, indicates some *sub-acute or chronic affection of a grave character*.
- (4). Bulbar hypertrophy of the fingers and curving of the nails are signs of *interference in the normal functions of the circulatory apparatus*.
- (5). Hypertrophy of the spongy portions of the bones indicates *rachitis*.
- (6). The presence between the eyelids of a thick and purulent secretion from the meibomian glands may indicate *great prostration of the general powers*.
- (7). Passive congestion of the conjunctival vessels indicates *approaching death*.
- (8). Long continued lividity, as well as lividity produced by emotion and excitement, the respiration continuing normal, are indices of a *fault in the formation of the heart or great vessels*.
- (9). Temporary lividity indicates the existence of a *grave acute disease, especially of the respiratory organs*.
- (10). The absence of tears in children, four months old or more, suggest a form of *disease which will usually be fatal*.
- (11). Piercing and acute cries indicate a *severe cerebro-spinal trouble*.
- (12). Irregular muscular movements, which are partly under the control of the will when the patient is awake, indicate the existence of *chorea*.
- (13). Contraction of the eyebrows, together with a turning of the head and eyes to avoid the light, is a sign of *cephalalgia*.
- (14). When the child holds his hands upon his head, or strives to rest the head upon the bosom of his mother or nurse, he may be suffering from *ear disease*.
- (15). When the fingers are carried to the mouth, and there is, besides, great agitation present, there is probably some *abnormal condition of the larynx*.
- (16). When the child turns his head constantly from one side to the other, there is a suggestion of some *obstruction in the larynx*.
- (17). A hoarse and indistinct voice is suggestive of *laryngitis*.
- (18). A feeble and plaintive voice indicates *trouble in the abdominal organs*.
- (19). A slow and intermittent respiration, accompanied with sighs, suggests the presence of *cerebral disease*.
- (20). If the respiration be intermittent, but accelerated, there is *capillary bronchitis*.

- (21). If it be superficial and accelerated, there is some *inflammatory trouble of the larynx and trachea*.
- (22). A strong and sonorous cough suggests *spasmodic croup*.
- (23). A hoarse and rough cough is an indication of *true croup*.
- (24). When the cough is clear and distinct, *bronchitis* is suggested.
- (25). When the cough is suppressed and painful, it points towards *pneumonia and pleurisy*.
- (26). A convulsive cough indicates *whooping-cough*.
- (27). A dry and painless cough is sometimes noticed in the course of *typhoid and intermittent fever, in difficult dentition, or where worms are present*.

When is a Man Drunk?—A recent judicial ruling upon this question is: When consciousness becomes modified, in any degree whatever, through the influence of alcohol, and when, or as long as, no exercise of independent nervous force is adequate to restore it to a normal state, the man so affected is drunk.

Nerve Pressure in Hysteria.—The *New York Medical Monthly* quoting from *La France Médicale*, says Dr. Ruault gives the following simple but efficacious method of controlling an hysterical paroxysm. It consists in making firm and constant pressure over the supra-orbital foramen. The head is held securely between the palms of the hands, while pressure is made over the nerves on each side with the thumbs. The writer says that the patients, under this treatment, first contract the facial muscles with an expression of pain, cry out, and then take several quick successive inspirations. The breath is held a few seconds, and then, with a long inspiration, the muscles relax and the attack is ended. The pressure of the thumb must now be relaxed, otherwise it may have the opposite effect, and excite another convulsion. Pressure over any nerve-trunk at the point where it becomes superficial, will have the same effect; but the supra-orbital nerves are chosen because of their convenient situation.

Ferments in Normal Urine.—Myra and Belfanti (*Central F. Klin. Med.*, 1886, No. 26) have succeeded in detecting two digestive ferments in normal human urine. One is the already well-known digestive ferment, which is active in acid solution; the other displays its activity in an alkaline solution only. Both ferments produce only small quantities of peptone. The first ferment is found also in pathological conditions, typhoid fever, gastric cancer, and Bright's disease. The ferments have nothing whatever to do with the putrefactive processes. The detection of these ferments, the authors believe, is of considerable importance in the question of the pathological significance of pepturia or propepturia.

Scarlatina from Milk.—Several weeks ago (*Science*, Aug. 13) attention was drawn in this correspondence to a remarkable outbreak of scarlatina in a London district, in which the hypothesis that the disease had spread from the milk drawn from one particular farm, seemed to be suggested and supported by the facts of the case. The proof, then wanting, that the disease of the animals could really produce scarlatina in a man, has now been supplied

by the investigations of Dr. Klein (conducted mainly at the "Brown Institution"), whose report has just been issued by the local government board. Four calves were inoculated with the matter from sores on the udders of the diseased cows, and similar sores were produced in them. Dr. Klein states that this disease, thus artificially produced in the calf, "bears a close resemblance to human scarlatina," and he specially quotes the appearances found in the kidney of the animal as indicative of the scarlatina attack. It is remarkable, however, that the milk of the affected cows is harmless, and does not contain, *per se*, the germs of the disease, but that it is contaminated after it has passed from the udder of the cow. Dr. Klein says that the fingers of the milker must of necessity bring down into the milk diseased particles from the ulcerations on the teats of the animal, and he points out that in the milk "the disease germs find a good medium in which to multiply."

"English As She Is Taught."—Nothing could be more amusing than the unconscious humor of "English as She is Taught," in the April number of *The Century*, yet where is the thoughtful reader whose laughter is not followed by something very like dismay? Here are examination papers taken from many schools, evolved from many brains; yet they are so alike in character that all might be the work of one puzzled school-boy struggling with matters too deep for him.

Undoubtedly many of these children have been poorly taught, and poorly taught in the same way, but the trouble lies back of indifferent teachers, and even back of indifferent or ambitious school-boards. It rests upon us all as a people. We are too heedless of detail, and too ambitious for number or size or appearance. We know too little of thoroughness; we demand impossible things; naturally, one of the things we get is the result embodied in "English as She is Taught."

We need trained and enthusiastic teachers; unbiased, unpolitical, and carefully chosen school-boards; less ambition and more thoroughness; less of the *what* and more of the *why*; less immaturity striving to appear mature, and less ignorance masking itself under assurance.

This same process of reasoning might well be extended to the department of medicine where we find substantially the same defects in teaching, the same lack of suitable guidance as to the "what" and the "why," the same "assurance," excepting that it is more brazen, plus the "loaves and fishes!"

Method of Removing Nitrate of Silver Stains.—Dip the fingers into a strong solution of cupric chloride. In about a minute the silver will be converted into chloride, and may then be washed off with sodium hyposulphite solution.

Manganese.—The permanganate of potash recommended by Dr. Bartolow in menstrual irregularities often disturbs the stomach to such an extent as to prevent its use. In these cases the biniodide of manganese in two-grain pill three times a day during the entire month produces no disturbance of the stomach, and acts with even greater promptness. It is especially indicated in amenorrhea and painful menstruation.

MISCELLANY.

—Dr. Strong, Chief of Staff W. I. Hospital, reports 708 patients treated during the month of April, mortality 3.95 per cent; 1549 patients have been under treatment since January 1st, mortality 5.56 per cent.

—Dr. Seibert has made a study of 768 cases of primary pneumonia distributed as follows: January, 71; February, 140; March, 103; April, 73; May, 55; June, 37; July, 26; August, 25; September, 43; October, 62; November, 65; December, 78. The results may be explained by changes in temperature, humidity, and velocity of the winds, that, whenever there exists a low or falling temperature with excessive and increasing humidity and high winds, pneumonia prevails to its greatest extent. If two of these conditions exist without the third, the disease will be markedly prevalent, but not so much so as in the preceding instance. Catarrhal troubles are also favored by the same conditions.

—Dr. Ogle of England finds that while the lawyers die at the rate of 20, the clergy at the rate of 16, the doctors' mortality is 25 per 1000. In a million adults other than physicians, 16 died of scarlet-fever, 14 of diphtheria, and 238 of typhoid-fever; while, of an equal number of physicians, 59 succumbed to scarlet-fever, 59 to diphtheria, and 311 to typhoid-fever. Small-pox, on the other hand, claims more victims among the laity than in the medical profession; due, doubtless, to the fact that physicians have sufficient confidence in the protective influence of vaccination to keep themselves insusceptible to the attacks of small-pox.

—Dr. Lincoln, in the "Report of the Massachusetts State Board of Health for 1884," says that a child who enters a public school has become a fractional part of a machine. He has been well understood by persons who have watched him from birth, and who are deeply interested in him. He is now transferred to the care of strangers, who meet with him only five hours in the day, and whose interest in him is restricted by the fact that he forms but a portion—say, from one and one-tenth to two and one-half per cent.—of the total group of children that is intrusted to the care of the teacher. He is held by the teacher, and then passed on to another again as a fraction, and not as an integer. Does he not lose much, as well as gain, by this system? As regards his health, he loses that defence which the sympathy of the community always extends to that individual who is suffering conspicuously. Taken generally, all children in school are suffering from discomfort. Average this discomfort among ten thousand and it may not be very great for each one; but a class of fifty children is not made up of fifty averages.

—A study of ten thousand physicians' prescriptions has recently been made by the editor of the *Chemist and Drugist*. Spirits of chloroform, glycerine, and sirup of orange-peel, are the most frequently prescribed; then come bromide of potash, wine of ipecac, sulphate of quinine, bicarbonate of soda, liquor ammoniae acetatis, bicarbonate of potash, and sweet spirits of nitre.

—According to Dr. Tipton of Alabama, in the *Medical Journal*, the negroes before the war in the South never had phthisis, but now it is the greatest scourge among them. He also says that the negro is rarely if ever near-sighted.

—The Ophthalmological Society of Heidelberg has awarded Professor Helmholtz a gold Graefe medal and the sum of fifty dollars yearly, as the greatest benefiter of science.

—The number of deaths from yellow-fever in Rio de Janeiro for the fifteen years preceding the last was 15,338. The fever first appeared in 1849, and has been continuous since, though much more severe at times. In 1850 the number of deaths of cases treated in the hospitals was twenty-six per cent, in 1870 seventeen per cent, and in 1883 thirty per cent.

—In his lectures on physical diagnosis at the Michigan University, Professor McLachlan gives the following hint: Always when examining a child for lung troubles listen to the sounds through the posterior wall of thorax, for the child will nearly always alter or control respiration if examination is being made anteriorly.

—It is said that the raw onion bruised and applied to the recent wound is a specific in the bite of venomous serpents and for the sting of bees, etc.

—An elaborate system of experiments has established the fact that no milk below 1029 specific gravity can come from cows in a state of health. Any milk which falls below this standard is either diluted or unhealthy, or is the product of cows in an advanced state of pregnancy, in which condition the milk is unfit for human consumption.

—Dr. James Davies states, in the *Therapeutic Gazette*, that the Druidic College of the twelfth century considered tannin the most potent of all the products of nature in producing sterility, and that tea drinking, as practised by the public, undoubtedly acts in the same direction.

—The father of Chinese medicine was Shun Nong, and he lived about 8,000 years ago, being a sort of Emperor, or prince, or demi-God. Shun Nong was not made like an ordinary mortal. He was transparent and could see right through himself. When anything went wrong with him he just looked into himself to see what was the matter, and then took his medicine and marked how the dose got to the spot.

—It is curious (observes the *Pacific Med. and Surg. Journal*) that comparatively very small doses act better than large doses, but experience confirms the fact. To which the *Hahnemannian Monthly* appends the laconic comment "chestnut!"

—Raw mutton can be safely eaten, according to M. Chatin, of Paris, since it never contains parasites, at least in dangerous amount. It is a safer raw food, therefore, than beef or pork.

—A good story is told (according to the *St. Louis Periscope*) of a leading homeopathic practitioner in this city, by himself. He had been treating for some time unsuccessfully a case of porrigo, when finally in despair he advised his patient to consult a well-known Old School dermatologist, who had been interested in tablet triturates. Several weeks after this he met his former patient entirely cured. In conversation with his dermatological friend on a subsequent occasion he was curious enough to inquire what his treatment had been. "Hepar sulph, internally," was the answer. "Why," said our homeopathic friend, "I gave him hepar myself." "What trituration?" "Third decimal," was the reply. "Ah!" said the allopath, "You didn't give it high enough; I gave the sixth."

—Dr. T. H. Carmichael, late of the House Staff W. I. Hospital, has settled at Germantown, Phila.; Dr. J. W. Dowling has removed to 6 E. 43rd street, N. Y. City; Dr. C. L. Bagg to 49 W. 37th street; Dr. W. B. Wood to Madison avenue and 38th street, and Dr. W. Y. Cowl has gone to Europe for a few months.

—Dr. Philip Porter, of Detroit, the accomplished editor of the *Homeopathic Journal of Obstetrics, etc.*, has been appointed Professor of Gynecology in Pulte Medical College.

—The following circular has been issued by the President of the Section of Gynecology of the Ninth International Medical Congress.

Boston, February 1, 1887.

The Council of Section V. of The Ninth International Congress will consider it a favor to receive from physicians any original contribution upon such subjects as *you* may consider germane to gynecology.

They will kindly communicate as early as possible to the president or the secretary, the title of *your* paper, and send an abstract of the same on or before March 30, 1887. Should they be unable to attend in person the congress in September next, they will please send the full text of *their* paper, revised for publication, to the secretary not later than August 1. Arrangement will be made for the illustration of the paper by stereopticon projection. Very respectfully,

HENRY O. MARCY.

Secretary, E. W. CUSHING, M. D. (Italics ours).

The "nice derangement" of pronouns in the above document, will irresistably remind the reader who is up in his "pickwick," of Mr. Tony Weller's letter to his son on a certain melancholy occasion: "If you vill come and see me Sammy, he vill take it as a very great favor, for I am wery lonely Samivel." And it emanates from Boston, too!

—In the treatment of diabetic thirst, give a mixture of potassium phosphate two parts; water seventy-five parts. A teaspoonful of this is given two or three times daily in a little wine or hop tea.

—Dr. A. E. Drysdale, in a letter to the *Medical Advance*, says that a Spanish medical man read a paper before the French Academy of Science, in which he stated that he had succeeded in inoculating ninety nuns with a preparation from the rice-water stools of cholera patients, and in proof of the success of the operation, he alleged the fact that *all* the nuns had died. This triumph was loudly applauded by the assembled savants, but it may be doubted whether the convent authorities were equally pleased, considering that the reason why the nuns submitted to the inoculations, was, that they might be able to go among cholera patients without fear of taking the disease themselves.

—The Council of the English Society for the Study and Cure of Inebriety, have completed arrangements for an International Medical Congress, to be held at Westminster Hall, London, July 5th and 6th, 1887. The object of this Congress is to present and discuss the problems of Inebriety Medically, and from a purely scientific standpoint, by the best authorities, thus laying the foundation for a broader and more exact study of this subject.

—A young lady out west had her finger caught in the valve of an air-gun. A physician being called, after careful consideration decided that the only means of releasing the finger was to amputate it. This being done, the gunsmith arrived, and proceeded to release the amputated finger, by boring a hole in the chamber of the gun.

—Dr. Lawson Tait says "In my early days the medical education of a British youth was not considered complete unless he had made the tour of the schools of France and Germany. I wish now the time and money I spent in those schools had been directed to the western instead of the eastern continent, and I venture to predict that ere long it will be to the medical schools of America rather than to those of Europe that our students will travel." There is no doubt but what the clinical instruction in New York is to-day equal to that in any of the cities abroad.

—A prominent French physician reports a number of cases of epithelioma cured in a few weeks by keeping the parts covered with a saturated solution of chlorate of potassium.

—Oliver Wendell Holmes in his "One Hundred Days in Europe," speaks of a patent asthma cure which gave him more benefit than anything else. The formula was

B—Pulv. lobelia.
Pulv. stramonium fol.
Pulv. potass. nitrat.
Pulv. black tea. aa. 5 ii.

Mix and sift.

Some of this is burned and the smoke inhaled.

—The *Newark News* says that when Prof. Frank Billings sailed for France with the children from that city, who were treated by M. Pasteur, he exhibited a lamentable ignorance of the French language to the passengers and officers of the steamship Canada. In Paris he was likewise ignorant, and Pasteur was somewhat surprised that a scientist should have been chosen to accompany the expedition who could not converse with him without an interpreter. He would have been more surprised had he followed Dr. Billings home and heard him converse in elegant and masterly French with Mrs. Billings, who is a native-born French woman. But the professor, when in Paris, had a laudable object in view in assuming ignorance. He went to Paris to learn something, and, knowing that the Frenchmen are jealous of their secrets, he wisely concluded that he could learn more by listening than by asking questions. The ruse was successful, and he came back the possessor of a great deal more information about viruses than M. Pasteur is aware of. In fact, he discovered some facts not yet known to the scientific world.

—At the execution of the murderer Gagny at Troyes, last winter, an incident took place, the like of which had never before been witnessed in France. The condemned man, during his trial and imprisonment, did not evince the least fear. When, on the morning of the fatal day, he was roused from sleep and informed that his hour was come, he received the intelligence quite calmly. He arose, attended to his last religious duties, ate a hearty breakfast and said he was ready to go. But when he came in front of the ghastly instrument of death and glanced upward at it he was noticed to blanch or turn almost white. At the same time his body became inert. He was lifted on the bascule, where he lay for twenty-five awful seconds before the knife fell. Meantime he did not stir. When the head was severed from the body it was noticed the blood did not spout eight or nine feet, as it does in such cases. When the attending physicians were given charge of the body, they found the heart filled with coagulated blood. This they explained by the fact that when Gagny looked at the machine and turned suddenly white, his heart ceased action and did not resume after. He was dead before the knife touched him.